

PROOF OF CLAIM ("POC") FORM IN THE MATTER OF:  
**Physicians Standard Insurance Company (Shawnee County District Ct. 2019-CV-351)**

FOR OFFICE USE  
 ONLY  
 POC RECEIVED DATE:

READ CAREFULLY BEFORE COMPLETING THIS FORM – PLEASE PRINT OR TYPE

CLAIM NO. \_\_\_\_\_

**CLAIMANT NAME AND ADDRESS PLEASE COMPLETE OR CORRECT AS APPLICABLE:**

If applicable  
 Policy No.: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Date of Claim or Invoice: \_\_\_\_\_

**CLAIMANT'S ATTORNEY NAME AND ADDRESS, IF APPLICABLE**

**\*To participate in any distributions on timely claims, all of your claims must be received by the Liquidator on or before the Claim Filing Deadline of June 30, 2020. Claim forms sent via the U.S.P.S. or another carrier must be received no later than June 30, 2020. Forms submitted electronically must be received by the Liquidator by 11:59 p.m. on June 30, 2020. No persons having a claim against Physician Standard Insurance Company ("PSIC") shall participate in any distribution of assets unless such claims are received by the Liquidator on or before the Claim Filing Deadline of June 30, 2020 and subsequently approved by the Liquidator or the Court.**

**EACH PROOF OF CLAIM MUST HAVE ATTACHED ALL SUPPORTING DOCUMENTATION OR REFER TO DOCUMENTATION PREVIOUSLY FILED WITH THE LIQUIDATOR TO BE CONSIDERED.**

**CHECK EACH APPLICABLE BASIS OF YOUR CLAIM AND LIST EACH AMOUNT IN THE FAR-RIGHT COLUMN:**

**POLICYHOLDERS / INSURED:**

- Unpaid benefits arising under the coverage of a PSIC policy or contract.
- Unearned or refund premiums related to a PSIC policy.

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**CLAIMANTS (Other than Policy holders) / Insureds):**

- U.S. Government claims.
- Secured claim.
- Salary or wages for services performed.
- Governmental entity claim for penalties or forfeitures.
- Unpaid legal or professional expenses.
- Unpaid commissions or general creditor invoices.
- All other claimants (On a separate sheet describe nature, amount and consideration related to each claim).

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**TOTAL AMOUNT OF CLAIM**

\$ \_\_\_\_\_

Do you assert this claim is entitled to priority under Kan. Stat. § 40-3641?  Yes  No. If yes, identify the applicable subsection and reason for the priority amount. \_\_\_\_\_ Use separate sheets as needed.

Describe any prior payments made on the debt: \_\_\_\_\_ Use separate sheets as needed.

Are there set-offs, counterclaims or defenses to the debt?  Yes  No. If yes, describe here: \_\_\_\_\_ Use separate sheets as needed.

Is there security for the debt?  Yes  No. If yes, describe the underlying security and its estimated current value: \_\_\_\_\_ Use separate sheets as needed.

**STATUS OF CLAIM:**

- Claim is based on a court judgment or settlement, dated: \_\_\_\_\_, (attach judgment or agreement if not previously provided to PSIC).
- Claim is currently pending in court (provide details and documentation or reference items previously provided to PSIC).
- Claim has not been filed in court.

Undersigned subscribes and affirms as true under the penalties of perjury as follows in filing this claim: That he/she has read the foregoing Proof of Claim and knows the contents thereof; that this claim is justly owing to claimant; that there are no setoffs, counterclaims or defense to the claim, and that the matters set forth in any accompanying documents are true to the best of his/her knowledge and belief.

\_\_\_\_\_ day of \_\_\_\_\_, 2020.

**DATE SIGNED**

**NAME OF CLAIMANT (Please print or type)**

Signature \_\_\_\_\_

## CLAIMS NOTICE

By Order of the District Court of Shawnee County, Kansas (Case No. 2019-CV-000351), all persons who may have claims against Physician Standard Insurance Company ("PSIC") shall present the same to the Liquidator by **the claims bar date of June 30, 2020** through a proof of claim. **Claim forms sent via the U.S.P.S. or another carrier must be received no later than June 30, 2020. Forms submitted electronically must be received by the Liquidator by 11:59 p.m. on June 30, 2020.** A proof of claim shall consist of a statement in writing, signed by the claimant, setting forth the claim, the consideration therefor, and whether any, and if so, what security are held therefor, and whether any, and if so, what payments have been made thereon, and that the sum claimed is justly owing from the company to the claimant. Whenever a claim is founded upon an instrument in writing, such instrument, unless lost or destroyed, shall be filed with the proof of claim, unless such was previously filed with the company. If such instrument is lost or destroyed, a statement of such fact and of the circumstances of such loss or destruction shall be filed under oath with the claim.

## INSTRUCTIONS

Enlisting the help of an attorney is not required. However, if your claim is completed and/or submitted on your behalf by an attorney, please provide the attorney contact information. If your claim is for policy benefits, please provide details. Attach copies (**do not send original documents**) of supporting documents. If the documents are voluminous, attach a summary. If the documents are not available, please explain. If you have other types of claims against the company provide a brief explanation of the claim and the amount claimed.

You must sign the Proof of Claim form and affirm that the representations set forth in this form are accurate. Please retain a copy for your records and mail the original of the form to:

**Physicians Standard Insurance Company**  
**c/o Barbara W. Rankin, Deputy Liquidator**  
Kansas Insurance Department  
1300 SW Arrowhead Road  
Topeka, KS 66604

Alternatively, you may email a signed, scanned copy to [kid.psic@ks.gov](mailto:kid.psic@ks.gov).

## CHANGE OF ADDRESS

If you move after you send in your claim form, you must provide us with your new address. Failure to do so may result in a loss of rights to obtain a distribution on your claim or to object to a denial in whole or in part of your claim.

## GENERAL INFORMATION

Claims presented against PSIC will be reviewed by the Liquidator in accordance with Kansas Statute § 40-3639. The Liquidator shall either approve the claim as filed or shall deny the claim in whole or in part. A written notice of approval or denial in whole or in part shall be given to the claimant or counsel. Whenever the Liquidator denies the claim in whole or in part and the claimant objects within 60 days to all or any portion of the contested amount, the contested claim shall be resolved in accordance with Kansas Statute § 40-3639(a).

When all claims against the company are liquidated and approved by the Court, claims will be paid based on available general assets. The amount of payment will depend on the percentage of total assets to total claims in each particular claims class. The Liquidator may estimate the percentage that may be paid on claims and may make distributions based on that estimate. The Liquidator will not know the final percent that can be paid on any individual claim until all claims are liquidated and all assets are converted to cash. This process may take several months after the deadline for filing claims has passed.

The Liquidator's acceptance of this Proof of Claim form is not intended to nor does it constitute any waiver or relinquishment by the Liquidator of any defense, setoff or counterclaim that he or she may have against any person, entity or governmental agency.