## PROOF OF CLAIM IN THE MATTER OF NORTHWESTERN NATIONAL INSURANCE COMPANY OF MILWAUKEE, WISCONSIN IN LIQUIDATION

Case No. 19CV001209

For Office Use Only

DATE PROOF OF CLAIM RECEIVED:

LIQUIDATOR CLAIM NO.:

2100127110110271111111

## **DEADLINE FOR FILING PROOF OF CLAIM IS NOVEMBER 2, 2019**

File a separate Proof of Claim for each claim.

READ CAREFULLY BEFORE COMPLETING THIS FORM – PLEASE PRINT

Claimant Information:					
Name:		Policy Number:			
				Insured:	
Street Address				Claim Number:	
City	State	 Zip Code		Date of Loss:	
Telephone: ( )		·			
Email Address		Social Security No. or Fed	leral Tax I.D.	No.	
(If represented by an attorney in this ma			attorney's na	ime, address, and telephone	e number.)
Claim Information:					
EACH PROOF OF CLAIM MUST HAVE	E ATTACHED	ALL SUPPORTING DOC	UMENTATIO	N IN ORDER TO BE CONS	SIDERED.
AMOUNT OF CLAIM (show amount ren	naining due a	fter reduction for all partial p	payments rec	eived): \$	
Attach a statement briefly explaining the and location of the accident or loss. If y Milwaukee, Wisconsin, provide the nam Wisconsin and any existing claim numb	our claim aris	ses out of an insurance polic	cy issued by N	Northwestern National Insur	ance Company of
Attach a list of all other insurance policie insurance company, policy number, and			or possible pa	yment for this claim. Includ	le the name of the
Additional Information: Are you a resident of the State of Wisco	nsin? (Circle	one)	Yes	No	
Is there security on your claim? (Circle one, and attach description if app	olicable)		Yes	No	
Is there a written contract, other than an (Circle one, and if yes, attach description			Yes	No	
UNDER PENALTIES OF LAW, I STATI JUSTLY OWING AND THAT THERE IS					
STATE OF	Claimant's Name (Please Print)			t)	
COUNTY OF		Signature of Indi	vidual, Partne	er, or Officer	
Personally came before me this	_ day of		1	the above named signatory	,
	, to	o me known to be the perso	n who execut	ed the foregoing instrument	t and

## **RETAIN A COPY FOR YOUR RECORDS**

acknowledge the same.

RETURN TO: Special Deputy Liquidator, c/o Northwestern National Insurance Company of Milwaukee, Wisconsin, Office of the Commissioner of Insurance, P.O. Box 7873, Madison, Wisconsin 53707-7873