

PROOF OF CLAIM

FOR LIQUIDATOR'S USE ONLY

AMERICAN GROWERS INSURANCE COMPANY
("AGIC")

CLAIM NO.:

Deadline: August 28, 2005

DATE RECEIVED:

Complete All Sections

Please print or type

1. Insured's Name: _____
Policy Number*: _____
Date of Loss: _____
2. Address: _____
City: _____ State: _____ Zip Code _____
3. Telephone Number: _____
Email address: _____
4. Insured's Social Security Number or Employer ID Number: _____
5. Claimant's Name, if not Insured: _____
6. Claim is submitted by (check one):
 Policyholder – Claim by insured of a policy issued by AGIC
 Cedent/Reinsured/Reinsurer – Claim by an insurer which ceded risks for reinsurance by AGIC
 Reinsurer – Claim by an insurer which has assumed risks from AGIC
 Other Creditor or Claimant
7. Describe the facts that establish your claim. Attach separate pages if necessary. If written documentation substantiates your claim, attach copies of such documents. If the basis for your claim is a Judgment or an Arbitration Award against AGIC, attach a certified copy of the Judgment or Arbitration Award to this claim. _____

8. Amount of Claim: \$ _____
9. Is this Claim covered by other insurance? YES () NO ()
If YES, state the name(s) of the insurer(s) and the policy number(s): _____

10. Has a lawsuit or arbitration been instituted by anyone regarding this Claim? YES () NO ()
11. If represented by an attorney, please supply the following information:
Name: _____
Firm: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____ Fax: _____
12. State whether there has been any payment on account of the foregoing Claim or whether there are any offsets or counterclaims: _____

If your name or address change, you must notify the Liquidator so he can advise you of new information.

Your attorney may receive copies of the reports filed by the Liquidator with the Liquidation Court by filing a Service Request in the Liquidation Proceedings and serving a copy on Lawrence F. Harr, Lamson, Dugan and Murray, LLP, 10306 Regency Parkway Dr., Omaha, NE 68114, telephone: 402-397-7300.

Under penalty of perjury, the undersigned subscribes and affirms the following: that the undersigned possesses the right and authority to sign and submit this Proof of Claim; that the undersigned has read the foregoing Proof of Claim and knows the contents thereof; that the contents of the foregoing Proof of Claim are true and accurate to the undersigned's best knowledge and belief; that no payment of or on account of the foregoing claim has been made, except as otherwise stated above; that there are no offsets or counterclaims thereto, except as otherwise stated above.

If the foregoing Proof of Claim alleges a claim against an insured of AGIC (Third-Party Claim), the undersigned hereby releases any and all claims which have been or could be made against such insured of American Growers based upon or arising out of the facts supporting the above Proof of Claim up to the amount of the applicable policy limit and subject to coverage being accepted by the Liquidator, regardless of whether any compensation is actually paid to the undersigned.

* If you have claims under more than one policy, you must file a separate Proof of Claim for each policy.

Signature

Date