

PROOF OF CLAIM

HOSPITALITY RISK RETENTION GROUP, INC. (“HOSPITALITY RRG”)

The deadline for filing a Proof of Claim is October 8, 2021.

IF YOU DO NOT FILE A PROOF OF CLAIM BY THE DEADLINE, YOU MAY NOT RECEIVE ANY PAYMENTS FROM HOSPITALITY RRG.

ADDITIONAL INSTRUCTIONS ARE ON THE REVERSE SIDE OF THIS FORM. PLEASE PRINT OR TYPE.

1. Description of Claim(s). Provide a detailed description of the basis for your claim(s) against Hospitality RRG. Include reference to any claim or docket numbers, amounts spent in defending claims, and amounts paid. To preserve your right to submit claims asserted after you sign this proof of claim and before the claim filing deadline, state “all rights under policies”:

If your claim arises from an insurance policy, provide the following information for each claim:

Policyholder name: _____
Policy number(s): _____
Claim number(s): _____
Date of loss: _____

(If you have multiple claims, policyholders, and/or policies to be included in this Proof of Claim, you may attached additional pages as required.)

2. Amount of the claim. If the amount of the claim will increase, state the known amount and then add that the amount is “subject to increase.” If you do not know the amount, state “unknown”: \$_____.
3. Type of security. If your claim is secured, state the type and amount of such security. If none, state “none”:
_____.
4. Offsets/Reductions. Payments made by Hospitality RRG that reduce the claim. If none, state “none”: \$_____.
5. Priority. Right of priority to payment or other specific right asserted by the claimant: _____.
6. Attach copies of any documents that provide support for the claim. If your claim is currently being administered through Hospitality RRG, no additional documentation is required at the time you submit this proof of claim.

Under penalties of law, I state that the facts set forth in this Proof of Claim are true to the best of my knowledge, that the sum claimed is justly owed, and that there is no known setoff, counterclaim or defense to the claim.

Your Name and Address:

Name and Address of your Attorney:

Signature: _____
Date: _____

MAIL THIS FORM TO:
J. David Leslie – Special Deputy Liquidator
Rackemann, Sawyer & Brewster P.C.
160 Federal Street
Boston, MA 02110

The Special Deputy Liquidator of Hospitality RRG acknowledges receipt of this Proof of Claim.
Date Received: _____
Proof of Claim No.: _____