



State of Nevada
Division
of
Insurance

OFFICE USE ONLY

POC No. _____

DO NOT WRITE IN THIS SPACE

PROOF OF CLAIM FORM

**NOTE: DEADLINE FOR FILING THIS PROOF OF CLAIM IS
MARCH 26, 2015**

This Proof of Claim Form must be completed, signed and returned to:

Nevada Division of Insurance
In re: SENSIBLE HOME WARRANTY, LLC
P.O. Box 4778
Carson City, NV 89702-4778

postmarked no later than March 26, 2015. Please read the Order Setting Liquidation Procedures, as well as the Proof of Claim Form Instructions before completing this Proof of Claim Form, both of which are available on the Division of Insurance website (www.doi.nv.gov). You are expected to read this entire Form and complete all portions of this Form that are relevant to your claim. Keep a copy of your completed Proof of Claim Form and supporting documents for your records. **The Division does not and cannot guarantee or imply that all claims filed will be paid in whole or in part.** If you have any questions about filing this Proof of Claim Form, please contact Derick Dennis (ddennis@doi.nv.gov).

Contact Information of Person Filing Proof of Claim Form

Name

Address

City

State

ZIP

Location of Property/Item Under Service Contract

If different from address.

Daytime Phone

Other Phone

E-mail

Information About Claim

Date of loss or damage

Did the contract holder file a claim for service with Sensible Home Warranty, LLC?

Yes

No

If yes, when was the claim filed?

What was the outcome?

If no, please explain

Amount of claim

Amount of claim cannot exceed receipts or invoices provided.

Description of item(s) covered under service contract, include make and model information, if known

Description of loss or damage you believe is covered by the service contract, including cause of failure, if known

Has item under service contract been repaired or replaced?

Yes

No

If no, please explain.

If item has been repaired or replaced, did the individual/company who performed the repairs/ provided parts or services get paid?

Yes

No

Not Applicable

If yes, what was amount paid?

By whom was individual/company paid?

Information About Repair Work, Parts, Labor, or Other Services

Name of Individual/Company

Address

City

State

ZIP

Contact Phone

E-mail

Type of Work Completed

You may submit an invoice if unknown.

Were repairs, parts or labor, or other services coordinated or provided through Sensible Home Warranty, LLC?

Yes

No

Additional Information

Please provide any other information relevant to your claim. If you need additional space, please attach a sheet to this Form, and include your name on the sheet.

Check that the Following Items Are Included with this Proof of Claim Form

Written copy of Sensible Home Warranty, LLC contract or other proof that you purchased a service contract from Sensible Home Warranty, LLC.

Invoices for work completed by vendor, but not paid by Sensible Home Warranty, LLC.

Receipts for amount contract holder paid vendor that Sensible Home Warranty, LLC has not reimbursed or otherwise paid.

Any other documents or information relevant to your claim.

Read "Oath and Declaration" at the end of this Proof of Claim Form.

Sign Proof of Claim Form.

Oath and Declaration: By signing below, I declare under the penalties of perjury that I am submitting this Proof of Claim Form and supporting documents in accordance with the Order Setting Liquidation Procedures and the Proof of Claim Form Instructions; that the information I am providing in this Proof of Claim Form and supporting documents is true and correct to the best of my information, knowledge, and belief; and that I have not received full payment for the claim being submitted; and **I understand that the Division does not and cannot guarantee or imply that my filed claim will be paid in whole or in part.**

Signature of Claimant

Signature of Claimant's Representative
(If Applicable)

Claimant's Name (Please Print)

Representative's Name (Please Print)

Date

Date