

| |
|----------|
| CLAIM NO |
| |
| DATE |
| |

PROOF OF LOSS

| | | |
|---|---|--------------------------|
| Name of Obligee | Name of Bonding Company | Previous Bonding Company |
| Name of Agency | Agency's Address | |
| Name of Principal | | Principal's last address |
| Position and nature of principal duties | | |
| Date (his, her) services began | Date (his, her) services terminated | Reason for termination |
| Give full report of any previous irregularities attributed to principal, including a statement of how losses resulting from such irregularities were adjusted | | |
| When loss discovered | How loss discovered | Date first report surety |
| Amount of loss covered under bond | Brief statement of irregularities | |
| | Date accounts previously checked | By whom |
| State if any part of this occurred under prior bond and if any notice of loss has been given to another surety | Has any settlement been made with the principal <input type="checkbox"/> Yes (describe) <input type="checkbox"/> No | |

DETAILED STATEMENT OF CLAIM

The following is a detailed statement of loss resulting from the irregularities described herein, and all sums due or own by said principal, and that the balance stated below is the true net loss resulting from said irregularities between _____ and _____.

| DATE | | DESCRIPTION | AMOUNT |
|------|----|-------------|--------|
| FROM | TO | | |
| | | | |

Date embodied in this statement has been excerpted from Comptroller's Audit Report No. _____ and or _____ corresponding to _____

Additional information regarding this claim may be obtained from the Public Insurance Area, Treasury Department, and Government of Puerto Rico.

The undersigned, being duly sworn, declares that the foregoing statement is correct, that the loss resulting from irregularities of Principal is above stated; that the items, quantities and amounts comprising this claim are chargeable to said principal on the specified date and that all sums due or owing by said principal, if any, are still outstanding.

Name or Signature of Obligee or his Authorized Representative

AFFIDAVIT NO. _____

Sworn to and subscribed before me by _____ of legal age, and Director, Public Insurance Area and resident of _____ personally know to me, at San Juan, Puerto Rico, this _____ day of _____.

SEAL

Notary Public