

Illinois Insurance Guaranty Fund

150 South Wacker Drive, Suite 2970

Chicago, IL 60606

(312) 422-9700

Stacie A. Graham, Chair

Tim Schotke, Executive Director

**UNEARNED PREMIUM FORM**

Liquidated Company:

Insured’s Name :

Policy Number :

**(Please furnish a copy of the Declaration Page of your policy)**

Agent’s Name :

Policy Period :

Date Policy Cancelled:

Amount of Policy Premium:

**(Attach proof of prem payment, e.g., cancelled bank check (statement), credit card receipt, etc.)**

Did you already receive an unearned premium payment on this policy that your agent used to lower the cost of your replacement insurance policy?

Was your policy premium paid by you a finance company? \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the finance company (leave blank if not applicable)

**The undersigned hereby submits this proof of UEP claim to IIGF for unearned premium payment.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1st Named Insured’s Signature

 \_\_\_\_\_ \_\_\_\_\_\_

 2nd Named Insured’s Signature

Insured’s Street Address

 Insured’s City, State, Zip Code

 Insured’s Telephone Number

**This original Proof of Claim for UEP form must be signed in ink and also returned to IIGF.**