



# CALIFORNIA PROOF OF CLAIM FORM

Preparer: \_\_\_\_\_

Claimant: \_\_\_\_\_

Relationship to Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

This claim is being made on behalf of ( ) self, ( ) firm, ( ) government entity, as follows:

Claim Amount: \$\_\_\_\_\_ Date of Loss/Occurrence:\_\_\_\_\_ Bond #: \_\_\_\_\_

Bond Principal's Name: \_\_\_\_\_

The claim is based upon the following facts (please attach additional pages, if needed):

Attached hereto are the documents supporting the claim (see next page for suggested list).

The foregoing information is furnished to the surety in support of claimant's claim and it is understood that the furnishing of this form or the acceptance and/or retention thereof by the surety does not constitute a waiver of any of the terms of the surety's bond nor of any defenses the surety may have nor an admission of liability thereunder.

I declare under penalty of perjury that the information contained on this form is true and correct to the best of my knowledge and belief on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

"A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document."

\_\_\_\_\_  
Claimant Signature

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_\_, before me, \_\_\_\_\_ (Notary Public) personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that they executed the same in their authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that they have read the forgoing Affidavit subscribed by them, and that the matters stated herein are true to the best of their information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.

(SEAL)

\_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_ NOTARY PUBLIC

**DOCUMENTS REQUESTED**

1. All contracts, contract modifications, change orders, and other agreements.
2. All cancelled checks (front and back) or credit card charges reflecting all payments made and an account history reflecting all billings and payments.
3. Any permits, job inspection reports, preliminary lien notices, liens, stop notices or any other notices concerning the claim.
4. All bids, estimates, proposals, expert reports, contracts or other written documents concerning the repair or completion of the project.
5. All correspondence to or from the principal, or any other person or entity, along with attachments, concerning this claim.
6. Any assignments whereby you assigned your rights to this claim to another entity or person.
7. All relevant pleadings, including citations, judgments, arbitration or mediation awards, complaints, answers, responses to licensing board, finding of facts, or any other documentation of this nature.
8. Any other paperwork in your possession that you believe is important to explain and/or support your claim.

**INSTRUCTIONS**

Please submit any and all documentation pertaining to your claim via the following methods:

Email: [surety.claims@accredited-inc.com](mailto:surety.claims@accredited-inc.com)

Fax: 407-629-4553

Overnight Mail: Accredited Surety and Casualty Company, Inc.  
Attn: Claims Department  
4798 New Broad Street, Ste. 200  
Orlando, FL 32814

Regular Mail: P.O. Box 140854, Orlando, FL 32814-0854

If you have any questions, email the above address referenced or call during our regular business hours of 8:00am – 5:00pm EST Monday through Friday (888) 668-2791 or (407) 629-2562.

**FRAUD NOTICE**

**For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**