

The undersigned, being duly sworn, deposes and says as follows:

1. That I _____, am the _____
(Officer/Manager Name) (Officer/Manager Title)
of _____ which is a _____, organized and
(Company Name) (Company Type)
existing within the laws of the state of _____, with Motor Carrier Number _____,
(State of Domicile) (Your Company's MC#)
and a principal business address of _____
(Business Address)
("Claimant") and that I am duly authorized to make this Proof of Claim on its behalf.
2. That _____, ("Principal") was at, after, and before the filing of this Proof of Claim justly and truly
(Broker Company's Name)
indebted to Claimant in the amount of \$ _____ on bond number _____ issued by
(Amount Due to You) (Broker Company's Bond No.)
Allegheny Casualty Company (the "Bond"). That there are no setoffs, counterclaims, or other credits due said Principal against said claim and that claimant is not indebted to said Principal on this or any other account.
3. The load was picked up on _____ at _____ from _____.
(Date) (Time of Pickup) (Location)
4. The load was dropped off on _____ at _____ to _____.
(Date) (Time of Dropoff) (Location)
5. The commodity hauled was _____ weighing _____.
(Description of Item) (Total weight of items hauled)
6. The agreed upon rate with Principal for this load was _____.
(Contracted Rate)

That this affidavit is made for the above-described claim against and for the purpose of inducing Allegheny Casualty Company as Surety for said principal, to pay said claim under the bond which is executed as Surety for said Principal.

Signed, sealed, and delivered this _____ day of _____, 20____.

Officer/Manager Signature

Officer/Manager Name (Print)

State of _____
County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
(date) (name of individual making statement)

Signature of notarial officer Stamp

Title of office

My commission expires:

This form must be completed in full by an officer/manager of the carrier company and must be notarized. Incomplete forms will not be accepted.

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