SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

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In the Matter of

the Ancillary Receivership of

AMERICAN SERVICE INSURANCE COMPANY

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Index No.: 452249/2020

AFFIRMATION IN SUPPORT OF THE APPLICATION TO APPROVE ADJUDICATION PROCEDURE

Yuanzhou Wu, an attorney at law, duly admitted to practice before the Courts of the State of New York, hereby affirms the following to be true under penalties of perjury:

1. I am an attorney employed by the New York Liquidation Bureau ("NYLB"), which serves as the staff of Adrienne A, Harris, Superintendent of Financial Services of the State of New York ("Superintendent"), in her capacity as ancillary receiver ("Ancillary Receiver") of American Service Insurance Company ("ASIC") and administrator ("Administrator") of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund (collectively, the "Security Funds"). I submit this affirmation upon information and belief, the sources of which are the ASIC files maintained by the NYLB and conversations I have had with staff of the Ancillary Receiver, in support of the Ancillary Receiver's application for an order, substantially in the form of the proposed order annexed hereto as Exhibit A to: (1) approve a procedure for judicial review of the Administrator's adjudication of claims under ASIC policies that are presented for payment from the Security Funds in this proceeding ("Adjudication Procedure"); and (2) appoint a referee ("Referee") to hear and take evidence on issues raised by claimants' objections to the Administrator's determinations, and to report thereon to this Court, which thereafter, on motion, may confirm or deny any decision issued by the Referee.

2. By order entered December 2, 2020, this Court, among other things, placed ASIC into ancillary receivership and appointed the Superintendent as Ancillary Receiver, vesting the Superintendent with all powers and authority expressed or implied by Article 74 of the New York Insurance Law ("Insurance Law"). Insurance Law §§ 7401 et seq.

3. Because ASIC is insolvent, claims under its insurance policies may be eligible for payment from the Security Funds. The Security Funds, which are funded by insurers operating in New York State, are reserves of money designed to ameliorate the impact of an insurer's insolvency on policyholders by paying eligible claimants up to a policy's limit or the statutory cap of $1,000,000, whichever is less. Insurance Law §§ 7602(i), 7603(a)(2) and 7608(c); *In Re Reliance*, 35 A.D.3d 191 (1st Dept 2006) (noting that the Security Fund "was established by the Legislature to protect New York residents from the potentially devastating effects of insurance company failures").[1]

4. Claims potentially covered by the Security Funds are referred to the Administrator, whose staff will determine fund coverage and either allow or deny the claim in whole or part. If the Administrator's staff denies coverage for a claim, in whole or part, the claimant will receive a letter in substantially the form of the letters attached hereto as Exhibit B ("Denial Letter") or in the case of No-Fault claims, Exhibit C ("Denial of Claim Form"), indicating the reason for the denial. If the Administrator determines there is fund coverage for a claim, but the Administrator and claimant have reached an impasse as to the value of such claim, a letter will be sent to the claimant in substantially the form attached hereto as Exhibit D ("Final Determination Letter"), indicating the final amount, if any, proposed to be paid to the claimant from the Security Fund. The Denial Letter, Denial of Claim Form, and Final Determination Letter all advise the claimant

[1] The Security Funds are administered by the Superintendent in her capacity as Administrator.

of the right to object and be heard by the Referee, who will hear and report to this Court on the validity of the objection.

THE ADJUDICATION PROCEDURE

5. The Ancillary Receiver proposes the following Adjudication Procedure:

A. This Adjudication Procedure shall apply to disputes arising out of the issuance of a Denial Letter, Denial of Claim Form[2] or Final Determination Letter to a claimant.

B. References to "claimant" shall mean those individuals or entities with the legal standing to maintain a claim under an insurance policy issued by ASIC. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.

C. Denial Letter and Denial of Claim Form.

i. The Administrator shall serve a Denial Letter or Denial of Claim Form on each claimant whose coverage for a claim is denied in whole or in part. Service of the Denial Letter or Denial of Claim Form will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Denial Letter or Denial of Claim Form may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.

ii. The Denial Letter or Denial of Claim Form shall advise each claimant of the following:

a. No further action by the claimant is required if the claimant accepts the Administrator's determination as set forth in the Denial Letter or Denial of Claim Form;

b. The claimant has the right to object to the Denial Letter or Denial of Claim Form, and can do so by serving a written objection with supporting documentation on the Administrator within sixty (60) days

[2] The Denial of Claim Form applies to No-Fault claims only. The first and second pages of the Denial of Claim Form are completed by the Administrator prior to being mailed to the claimant. The third and fourth pages of the Denial of Claim Form are filled out by the claimant if the claimant chooses to object to the denial of coverage.

from the date of the Denial Letter or Denial of Claim Form, as set forth in the Denial Letter or Denial of Claim Form;

c. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;

d. The Referee thereafter will hear and report on the validity of the claimant's objections; and

e. Either the claimant or the Administrator may petition this Court, on notice, for an order confirming or denying the Referee's report.

D. Final Determination Letter.

i. The Administrator shall serve a Final Determination Letter on each claimant where the Administrator has determined there is coverage for the claim, but the Administrator and claimant have, in the reasonable opinion of the Administrator, reached an impasse as to the value of such claim. Service of the Final Determination Letter will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Final Determination Letter may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.

ii. The Final Determination Letter advises each claimant of the following:

a. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter, the claimant may execute the enclosed settlement documents, including a release of further rights pertaining to the adjudicated claim, and return such documents to the Administrator;

b. If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter and returns the settlement documents within sixty (60) days from the date of the Final Determination Letter, application will be made to this Court to allow the claim in the amount specified in the Final Determination Letter or, in accordance with Insurance Law §§ 7428(b) and 7602(g), if the amount of the claim or the compromise between the Administrator's and the claimant's valuations of the claim does not exceed $25,000, application

will be made to the Superintendent to allow the claim in the amount specified in the Final Determination Letter and, upon such allowance, payment will be made as soon as reasonably practical;

c. The claimant has the right to object to the Final Determination Letter, and may do so by serving a written objection with supporting documentation on the Administrator within sixty (60) days from the date of the Final Determination Letter, as set forth in the Final Determination Letter;

d. If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;

e. The Referee will hear and report on the validity of the claimant's objections;

f. Either the claimant or the Administrator may petition this Court, on notice, for an order confirming or denying the Referee's report; and

g. If the claimant fails to object and fails to provide fully executed settlement documents within sixty (60) days from the date of the Final Determination Letter, the Administrator may deem the claim abandoned and may seek an *ex parte* order of this Court approving the denial of the claim.

E. In the event that a claimant requests a hearing, the Administrator's staff will contact the claimant in writing at the address set forth on the Denial Letter or Denial of Claim Form or Final Determination Letter (or such other address as the claimant has provided to the Administrator in writing for the purpose of providing communications), as applicable, to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to attend such conference, then the claimant's objection is forfeited and the Denial Letter or Denial of Claim Form or Final Determination Letter is deemed accepted.

F. In the event that a claimant fails to object to a Denial Letter or Denial of Claim Form or Final Determination Letter within the sixty (60) day period, the claim either shall be denied or allowed in the amount stated in the Final Determination Letter subject to this Court's approval in accordance with Insurance Law §§ 7428(b) and 7602(g).

G. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Denial Letter or Denial of Claim Form or Final Determination Letter to be accepted.

H. The Administrator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding $25,000 is subject to approval by this Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).

I. In the event the Administrator fails to timely meet any of the time periods set for mailing or delivering a notice required by order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the Adjudication Procedure until it receives the required notice.

THE APPOINTMENT OF A REFEREE

6. The Ancillary Receiver respectfully requests that this Court appoint the Referee to hear and take evidence on any issues or objections raised by claimants in accordance with the Adjudication Procedure, and to report the Referee's findings to this Court. Either the claimant or the Administrator may move before this Court, on notice, for an order confirming or denying the Referee's report.

7. The Ancillary Receiver respectfully requests that this Court appoint one person to serve as Referee. Having one person serve as Referee will ensure consistent recommendations regarding the issues and objections raised by claimants and will ensure that all claimants are treated equally.[3] In addition, in order to reduce administrative expenses, the Ancillary Receiver respectfully requests that the Referee be directed to conduct all hearings either virtually or in person at the place of business of the Superintendent as Administrator of the Security Funds, currently located at 180 Maiden Lane in the Borough of Manhattan in the City, County and State of New York.

[3] If it would assist the Court, the Ancillary Receiver can provide a list of individuals who have served as referees in other liquidation/ancillary receivership proceedings in New York County. If the Court would like to use such list to select a referee for this ancillary proceeding, please contact the undersigned and I will readily provide the list for the convenience of the Court.

8. The Ancillary Receiver further respectfully requests that the Referee be paid an hourly rate of $200 as a loss adjustment expense of the applicable Security Fund.

MISCELLANOUS

9. The Ancillary Receiver also requests that this Court issue the accompanying Order to Show Cause approving: (i) a return date ("Return Date") for a hearing ("Hearing") on the Ancillary Receiver's application for an order approving the Adjudication Procedure, to be held before this Court at least forty-five (45) days after the date of issuance of the Order to Show Cause; and (ii) notice to ASIC policyholders, creditors and others interested in the affairs of ASIC regarding the Ancillary Receiver's application and the Hearing by posting the Order to Show Cause and the papers in support of the application on the Internet web page maintained by the NYLB at http://www.nylb.org, under Legal and Estate Notices, after entry of the Order to Show Cause and at least fifteen (15) days before the Return Date.

10. There has been no previous application for the relief requested herein.

WHEREFORE, it is respectfully requested that this Court enter an order: (i) approving the Adjudication Procedure and granting the relief requested herein; (ii) appointing the Referee to hear and take evidence on issues raised by claimants' objections, and to report thereon to this Court, which thereafter, on motion, may confirm or deny any decision issued by the Referee; and (iii) granting the Ancillary Receiver such other and further relief as this Court may deem just and proper.

Dated: New York, New York
July 19, 2023

/s/ Yuanzhou Wu
Yuanzhou Wu

Exhibit A – Proposed Order

At IAS Part 37 of the Supreme Court of the State of New York, County of New York, at the Courthouse, 60 Centre Street, in the County, City and State of New York, on the ___ day of _____, 2023.

P R E S E N T:

HON. ARTHUR F. ENGORON, J.S.C.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

----------x

In the Matter of

the Ancillary Receivership of

AMERICAN SERVICE INSURANCE COMPANY

----------x

Index No.: 452249/2020

ORDER APPROVING THE PROCEDURE FOR THE SUPERINTENDENT'S ADJUDICATION OF CLAIMS

Upon the July 19, 2023, affirmation of Yuanzhou Wu, an attorney with the New York Liquidation Bureau (the "NYLB"), which serves as the staff of Adrienne A. Harris, Superintendent of Financial Services of the State of New York, in her capacity as ancillary receiver ("Ancillary Receiver") of the American Service Insurance Company ("ASIC") and administrator ("Administrator") of the New York Property/Casualty Insurance Security Fund and the New York Public Motor Vehicle Liability Security Fund, for an order establishing adjudication procedure ("Adjudication Procedure") in the above ancillary receivership proceeding and upon all other papers previously submitted and all proceedings heretofore had herein;

NOW, on motion of the Ancillary Receiver, and after due deliberation having been had thereon, it is

ORDERED, that the application is granted; and it is further ordered that

1. The Adjudication Procedure is approved.

2. The Adjudication Procedure is as follows:

A. This Adjudication Procedure shall apply to disputes arising out of the issuance of a denial letter ("Denial Letter"), no-fault denial of claim form ("Denial of Claim Form") and a final determination letter ("Final Determination Letter") to a claimant.

B. References to "claimant" shall mean those individuals or entities with the legal standing to maintain a claim under an insurance policy issued by ASIC. Nothing contained herein shall or shall be deemed to confer standing upon any individual or entity or expand any right of an individual or entity under applicable law or any provision of an insurance policy or contract.

C. Denial Letter and Denial of Claim Form.

a) The Administrator shall serve a Denial Letter or Denial of Claim Form on each claimant whose coverage for a claim is denied in whole or in part. Service of the Denial Letter or Denial of Claim Form will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Denial Letter or Denial of Claim Form may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.

b) The Denial Letter or Denial of Claim Form shall advise each claimant of the following:

i) No further action by the claimant is required if the claimant accepts the Administrator's determination as set forth in the Denial Letter or Denial of Claim Form;

ii) The claimant has the right to object to the Denial Letter or Denial of Claim Form, and can do so by serving a written objection with supporting documents on the Administrator within sixty (60) days from the date of the Denial Letter or Denial of Claim Form, as set forth in the Denial Letter or Denial of Claim Form;

iii) If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the

Administrator will contact the claimant and the court-appointed referee ("Referee") to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;

iv) The Referee thereafter will hear and report on the validity of the claimant's objections; and

v) Either the claimant or the Administrator may petition this Court, on notice, for an order confirming or denying the Referee's report.

D. Final Determination Letter.

a) The Administrator shall serve a Final Determination Letter on each claimant where the Administrator has determined there is coverage for the claim but the Administrator and claimant have, in the reasonable opinion of the Administrator, reached an impasse as to the value of such claim. Service of the Final Determination Letter will be made by First-Class Mail, or such other form of communication as may have been agreed to by the Administrator and the claimant in writing, to the claimant's last known address, and if a representative, such as an attorney or broker, submits a claim on a claimant's behalf, to the address of such representative. The Final Determination Letter may also be copied to such individuals or entities as may be required by law or as may be deemed advisable in the reasonable opinion of the Administrator.

b) The Final Determination Letter advises each claimant of the following:

i) If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter, the claimant may execute the enclosed settlement documents, including a release of further rights pertaining to the adjudicated claim, and return such documents to the Administrator;

ii) If the claimant accepts the Administrator's valuation of the claim as set forth in the Final Determination Letter and returns the settlement documents within sixty (60) days from the date of the Final Determination Letter, application will be made to this Court to allow the claim in the amount specified in the Final Determination Letter or, in accordance with New York Insurance Law ("Insurance Law") §§ 7428(b) and 7602(g), if the amount of the claim or the compromise between the Administrator's and the claimant's valuations of the claim does not exceed $25,000, application will be made to the Superintendent to allow the claim in the amount specified in the Final Determination Letter and, upon such allowance, payment will be made as soon as reasonably practical;

iii) The claimant has the right to object to the Final Determination Letter, and may do so by serving a written objection with supporting documents on the Administrator within sixty (60) days from the date of the Final Determination Letter, as set forth in the Final Determination Letter;

iv) If the claimant makes a timely written objection, the Administrator will contact the claimant to attempt to resolve the objection. If the objection cannot be resolved and the claimant requests a hearing, the Administrator will contact the claimant and the Referee to initiate a pre-hearing conference. If the objection is not resolved, the Referee will set a date for a hearing;

v) The Referee thereafter will hear and report on the validity of the claimant's objections;

vi) Either the claimant or the Administrator may petition this Court, on notice, for an order confirming or denying the Referee's report; and

vii) If the claimant fails to object and fails to provide fully executed settlement documents within sixty (60) days from the date of the Final Determination Letter, the Administrator may deem the claim abandoned and may seek an *ex parte* order of this Court approving the denial of the claim.

E. In the event that a claimant requests a hearing, the Administrator's staff will contact the claimant in writing at the address set forth on the Denial Letter or Denial of Claim Form or Final Determination Letter (or such other address as the claimant has provided to the Administrator in writing for the purpose of providing communications), as applicable, to schedule a pre-hearing conference. If the claimant fails to request an adjournment of the pre-hearing conference in writing at least five (5) business days prior to the pre-hearing conference and the claimant fails to attend such conference, then the claimant's objection is forfeited and the Denial Letter or Denial of Claim Form or Final Determination Letter is deemed accepted.

F. In the event that a claimant fails to object to a Denial Letter or Denial of Claim Form or Final Determination Letter within the sixty (60) day period, the claim either shall be denied or allowed in the amount stated in the Final Determination Letter subject to this Court's approval in accordance with Insurance Law §§ 7428(b) and 7602(g).

G. If a claimant fails to take the steps necessary to have its objection heard, the Referee may issue a dismissal of the objection and deem the Denial Letter or Denial of Claim Form or Final Determination Letter to be accepted.

H. The Administrator may settle objections in her sole discretion, at any time, without the necessity of receiving a report from the Referee; however, any settlement or settlement compromise exceeding $25,000 is subject to approval by this Court, in accordance with Insurance Law §§ 7428(b) and 7602(g).

I. In the event the Administrator fails to timely meet any of the time periods set for mailing or delivering a notice required by order, it shall not affect the validity of the denial/determination but shall entitle the party that did not receive timely notice to toll its further obligations under the Adjudication Procedure until it receives the required notice.

3. Disputed claims and objections filed by claimants in the within proceeding that have not been settled or compromised are referred to:

NAME:

ADDRESS:

PHONE NO.:

as Referee to hear and take evidence on any issues or objections raised by claimants and report the Referee's findings to this Court. Either the claimant or the Administrator may petition this Court, on notice, for an order confirming or denying the Referee's report.

4. The Referee shall be paid a fee based on an hourly rate of $200 as a loss adjustment expense of the Security Funds.

5. The Referee appointed to hear and report on objections shall conduct those hearings either virtually or in person at the place of business of the Administrator, currently located at 180 Maiden Lane, Borough of Manhattan, City, County and State of New York.

E N T E R

_____

J. S. C.

Exhibit B – Notice of Denial

New York Liquidation Bureau

ADRIENNE A. HARRIS
Superintendent of Financial
Services as Receiver

[Date]

Certified Mail
Return Receipt Requested

[Insured or Insured's representative]
[Address]

Re: American Service Insurance Company in Ancillary Receivership
Claim Number:
Insured:
Policy Number:
Claimant:
Date of Loss:

Dear [ ]:

The New York Liquidation Bureau ("NYLB") serves as the staff of Adrienne A. Harris, Superintendent of Financial Services of the State of New York, in her capacity as Ancillary Receiver of American Service Insurance Company ("ASIC") and in her capacity as Administrator of the New York Security Funds.

The claimant, [insert name], is alleging [insert brief statement of claim alleged and date of loss].

ASIC insured [insert insured, insured location, specific vehicle, etc.] under [insert type] policy number [insert policy number] effective from [date] to [date].

The claimant's claim is not covered by your ASIC policy because [state reasons why not covered, specifying policy and/or statutory language, cancellation dates, etc., where necessary.]

[Choose Option1 or Option 2]

Option 1.

In order for there to be coverage from the New York Property/Casualty Insurance Security Fund ("P/C Fund") or New York Public Motor Vehicle Liability Security Fund ("PMV Fund") (collectively, "the "Security Funds"), there first must be valid coverage under a policy. Because there is no policy coverage afforded to this loss, the Security Fund will not cover the loss.

Therefore, the Security Fund, will not defend, indemnify, or make any payments on [insert insured name] behalf regarding the above-captioned claim.

Option 2

[Other basis]

If you wish to make an objection to this denial, please submit your objection in accordance with the instructions set forth in the attached Notice of Denial within sixty (60) from of the date of this letter.

If you have any questions regarding this matter or other information for our review, please feel free to contact me 212-xxx-xxxx.

Very truly yours,

[Name]
[Title]

cc: [Insured if not addressee above]
[Legal representative for claimant]
[Claimant]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

----------x

Index No.: 452249/2020

In the Matter of

NOTICE OF DENIAL

the Ancillary Receivership of

AMERICAN SERVICE INSURANCE COMPANY

----------x

Policy No.:
Claimant:
Claim No.:
Date of Loss:

Adrienne A. Harris, Superintendent of the Department of Financial Services of the State of New York as administrator ("Administrator") of the New York Property/Casualty Insurance Security Fund [New York Public Motor Vehicle Liability Security Fund] hereby gives notice that the claim set forth above has been adjudicated and denied for the reason(s) stated in the accompanying disclaimer letter.

If you accept the Administrator's determination, you are not required to take any further action.

If you object to the Administrator's determination, you must set forth your objections and supporting reasons in writing and e-mail them to:

claims@nylb.org

All documents that support your objection must be provided to the Administrator with your objection. **Objections must be received by the Administrator within sixty (60) days from the date of this notice and accompanying letter.**

If you make a timely objection, the Administrator's staff will contact you to attempt to resolve the objection. If the objection cannot be resolved, and you request a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report on the validity of your objection to the Court supervising the above proceeding. Either you or the Administrator may move before this Court, on notice, for an order either confirming or denying the referee's report.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone] or [email].

Dated:
New York, New York

Adrienne A. Harris
Superintendent of the Department of
Financial Services of the State of New York
as Ancillary Receiver of American Service
Insurance Company

Exhibit C – No-Fault Denial of Claim Form

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
DENIAL OF CLAIM FORM

TO INSURER: Complete this form, including item 33. Send two copies to applicant. Upon the request of the injured person, the insurer should send to the injured person a copy of all prescribed claim forms and documents submitted by or on behalf of the injured person.

NAME, ADDRESS AND NAIC NUMBER OF INSURER OR NAME AND ADDRESS OF SELF-INSURER	

A. POLICYHOLDER	B. POLICY NUMBER	C. DATE OF ACCIDENT	D. INJURED PERSON
E. CLAIM NUMBER	**F. APPLICANT FOR BENEFITS (Name and address)**		**G. AS ASSIGNEE** YES ☐ NO ☐

TO APPLICANT: SEE REVERSE SIDE IF YOU WISH TO CONTEST THIS DENIAL

YOU ARE ADVISED THAT FOR REASONS NOTED BELOW:

☐ 1. Your entire claim is denied as follows:

☐ 2. A portion of your claim is denied as follows:

☐ A. Loss of Earnings $ _____
☐ B. Health Service Benefits $ _____
☐ C. Other Necessary Expenses $ _____
☐ D. Interest $ _____
☐ E. Attorney's Fee $ _____
☐ F. Death Benefit $ _____

REASON(S) FOR DENIAL OF CLAIM (Check reasons and explain below in item 33)

POLICY ISSUES

☐ 3. Policy not in force on date of accident
☐ 4. Injured person excluded under policy conditions or exclusion
☐ 5. Policy conditions violated:
☐ a. No reasonable justification given for late notice of claim
☐ b. Reasonable justification not established--**You may qualify for special expedited arbitration--** See page 2 of this form for instructions.
☐ 6. Injured person not an "Eligible Injured Person"
☐ 7. Injuries did not arise out of use or operation of a motor vehicle
☐ 8. Claim not within the scope of your election under Optional Basic Economic Loss coverage

LOSS OF EARNINGS BENEFITS DENIED

☐ 9. Period of disability contested: period in dispute From _____ Through _____
☐ 10. Claimed loss not proven
☐ 11. Exaggerated earnings claim of $_____ per month denied
☐ 12. Statutory offset taken
☐ 13. Other, explained below

OTHER REASONABLE AND NECESSARY EXPENSES DENIED

☐ 14. Amount of claim exceeds daily limit of coverage
☐ 15. Unreasonable or unnecessary expenses
☐ 16. Incurred after one year from date of accident
☐ 17. Other, explained below

HEALTH SERVICE BENEFITS DENIED

☐ 18. Fees not in accordance with fee schedules
☐ 19. Excessive treatment, service or hospitalization From _____ Through _____
☐ 20. Treatment not related to accident
☐ 21. Unnecessary treatment, service or hospitalization From _____ Through _____
☐ 22. Other, explained below

COMPLETE ITEMS 23 THROUGH 32 IF CLAIM FOR HEALTH SERVICE BENEFITS IS DENIED

23. Provider of Health Service (Name, Address and Zip Code)	25. Period of bill - treatment dates	29. Date final verification received
	26. Date of bill	30. Amount of bill $
24. Type of service rendered	27. Date bill received by insurer	31. Amount paid by insurer $
	28. Date final verification requested	32. Amount in dispute $

33. State reason for denial, fully and explicitly (attach extra sheets if needed):

DATE | Name and Title of Representative of Insurer | Telephone No. & Ext. and Email Address

Name and address of Insurer claim processor (Third Party Administrator), if applicable | Telephone No. & Ext.

DENIAL OF CLAIM FORM -- PAGE TWO

If you accept this denial, you are not required to take any further action.

IF YOU WISH TO CONTEST THIS DENIAL, YOU HAVE THE FOLLOWING OPTION:

You may submit this dispute to a hearing in the liquidation/ancillary receivership proceeding of [Company]. At this time, arbitration against [Company] is permanently stayed pursuant to the court order establishing [Company]'s liquidation/ancillary receivership proceeding. Adjudication of any objection must be made by submitting your objection to a hearing before a referee appointed by the court overseeing [Company]'s liquidation/ancillary receivership proceeding. If you wish to have a hearing regarding your objection, you must complete the form on page three and state on the accompanying sheet the reason(s) you believe the denied benefits should be paid on page four, attach proof of your disability and/or verification of loss of earnings in dispute, sign below and **email the completed form to claims@NYLB.org within sixty (60) days of receipt of this Denial of Claim Form**. You or your attorney (if you are represented by legal counsel) will be contacted by someone from the New York Liquidation Bureau. If the objection cannot be resolved, and you request a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the supervising court on the validity of your objection. Either you or the Administrator may move before the supervising court for an order either confirming or denying the referee's report.

<table>
<tr><td colspan="2">HEARING REQUESTED BY:

LAST NAME FIRST NAME</td><td colspan="2">NAME OF LAW FIRM, IF ANY</td></tr>
<tr><td colspan="2">TELEPHONE NUMBER:</td><td colspan="2" rowspan="3">

ADDRESS</td></tr>
<tr><td colspan="2">FAX NUMBER:</td></tr>
<tr><td colspan="2">EMAIL ADDRESS:</td></tr>
<tr><td colspan="2">

SIGNATURE</td><td>ARE YOU AN ATTORNEY?
YES
NO</td><td>DATE</td></tr>
</table>

DENIAL OF CLAIM FORM -- PAGE THREE

Loss of earnings: Date claim made: _____ Gross earnings per month $_____

Period of dispute: From_____Through _____ Amount claimed: $_____

Health Services: (Attach bills in dispute and list each one separately)

Name of Provider(s)	Date of Service	Amount of Bill	Amount in Dispute	Date Claim Mailed

Other Necessary Expenses: (Attach bills in dispute and list each one separately)

Type of Expenses Claimed	Amount Claimed	Date Incurred	Date Claim Mailed	Amount in Dispute

Other: (attach additional sheet if necessary)

IMPORTANT NOTICE TO APPLICANT

If box number 3 ("Policy not in force on date of accident") on the front of this form is checked as a reason for this denial, you may be entitled to No-Fault benefits from the Motor Vehicle Accident Indemnification Corporation (M.V.A.I.C.) (646-205-7800) located at 100 William Street, New York, New York 10038. The Insurance Law requires that you must file an Affidavit of Intention to Make Claim with M.V.A.I.C. Therefore, it is in your best interest to contact the M.V.A.I.C. immediately and file such an affidavit, even if you intend to contest this denial.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

DENIAL OF CLAIM FORM - PAGE FOUR

Exhibit D – Final Determination Letter

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

----------x

In the Matter of

the Ancillary Receivership of

AMERICAN SERVICE INSURANCE COMPANY

Index No.: 452249/2020

FINAL DETERMINATION LETTER

----------x

Policy No.:
Claimant:
Claim No.:
Date of Loss:

Adrienne A. Harris, Superintendent of the Department of Financial Services of the State of New York ("Superintendent") as administrator ("Administrator") of the New York Property/Casualty Insurance Security Fund [New York Public Motor Vehicle Liability Security Fund] ("the Administrator") hereby gives notice that the claim set forth above has been adjudicated based upon the information obtained by the New York Liquidation Bureau and valued at the following amount:

$

If you accept the Administrator's determination, please sign and date the enclosed documentation, and return the fully signed documents to the New York Liquidation Bureau at the address below. Promptly upon receipt of fully signed documents, in the form attached, application will be made to the Court supervising the above proceeding or the Superintendent, as appropriate pursuant to section 7602(g) of the New York Insurance Law, for allowance. Provided allowance is granted, payment will be made in the amount above as soon thereafter as reasonably practical.

If you do not provide fully signed documents **within sixty (60) days** from the date of this letter, the Administrator may deem the claim abandoned and may seek an order of the Court supervising the above proceeding denying the claim and discharging the New York Property/Casualty Insurance Security Fund [New York Public Motor Vehicle Liability Security Fund] from liability for such claim.

If you object to the Administrator's determination, you or your legal representative must set forth your objections in writing together with all documents supporting your written objections and e-mail the written objections and supporting documentation to:

claims@nylb.org

Objections must be received by the Administrator within sixty (60) days from the date of this notice.

If you make timely objection, the Administrator's staff will contact you to attempt to resolve the objection. If the objection cannot be resolved, and you requested a hearing, the Administrator will contact you and the court-appointed referee to initiate a pre-hearing conference. If the objection is not resolved, the referee will set a date for a hearing. The referee will hear and report to the Court supervising the above proceeding on the validity of your objection. Either you or the Administrator may move before this Court, on notice, for an order either confirming or denying the referee's report.

If you have any questions regarding this Notice, you may contact [Examiner] at [telephone] or [email].

Dated:
New York, New York

Adrienne A. Harris
Superintendent of the Department of
Financial Services of the State of New York
as Ancillary Receiver of American Service
Insurance Company