



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury – Bureau of Collateral Management*

**PUBLIC DEPOSIT CLAIM FORM AND AGREEMENT**

**THIS CLAIM** is presented for payment this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the Chief Financial Officer, State of Florida by \_\_\_\_\_  
Public Depositor's Full Legal Name and Mailing Address to Include City, State, and Zip Code

**Public Depositor Account Information**

Account Number: \_\_\_\_\_ Type of Account (CD/other): \_\_\_\_\_

Account Name: \_\_\_\_\_  
Full Name as it Appears on the Records of the Qualified Public Depository

Accountholder's Federal Employer Identification Number (FEIN): \_\_\_\_\_

**Qualified Public Depository (QPD) Information**

QPD's Full Legal Name: \_\_\_\_\_  
For Protection Under Chapter 280, Florida Statutes, Depository MUST Be a QPD

QPD's Address: \_\_\_\_\_  
City and State

QPD's FEIN: \_\_\_\_\_

Date QPD Defaulted or Became Insolvent: \_\_\_\_\_

**Amount Claimed**

Principal Amount in Account: \$ \_\_\_\_\_

Interest Earned or Accrued but not Paid  
As of the Date of Default or Insolvency: \_\_\_\_\_

Total Principal & Interest: \$ \_\_\_\_\_

Less FDIC Deposit Insurance Claim/Payment: \_\_\_\_\_

Less Adjustment for Offsets: \_\_\_\_\_

NET CLAIM: \$ \_\_\_\_\_

**Payment of Claim**

Payment will be in the form of a state warrant which will be mailed to the public depositor at the address stated above unless the claimant is a state agency. State agencies must submit below all information that is required to transfer funds within FLAIR (attach additional sheet if necessary):

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

**PUBLIC DEPOSIT CLAIM FORM AND AGREEMENT**

**Agreement for Settlement of Claim**

The public depositor, by submission of a claim, agrees to the following terms:

- (1) Proof of authorization to execute the Public Deposit Claim Form and Agreement on behalf of the public depositor shall accompany the claim. Proof shall be in the form specified in Rule 69C-2.032.
- (2) An assertion that the claim is for money which meets the definition of a public deposit under Section 280.02, Florida Statutes, and is not exempt under the laws of Florida shall be made by the public depositor.
- (3) Responsibility for research or defense required to support the assertion that the claim covers a public deposit and is not exempt shall be accepted by the public depositor.
- (4) A current Public Deposit Identification and Acknowledgment Form DI4-1295 as required in Section 280.17, Florida Statutes, will accompany the claim. This form shall state, without alteration, the account number, account type, and account name which are identical to that stated in the Public Deposit Claim Form and Agreement and on the records of the Qualified Public Depository.
- (5) Evidence of deposit insurance afforded this public deposit and offsets allowed shall accompany the claim. The net claim shall be an uncompensated loss which is not subject to any indemnification other than that provided by Chapter 280, Florida Statutes.
- (6) Assignment to the Chief Financial Officer, State of Florida of any interest in funds that become available to the defaulted qualified public depository, with respect to the amount of the claim, shall be made by the public depositor.
- (7) Indemnification of the Chief Financial Officer, State of Florida for any claims of other parties, including costs of litigation and attorneys' fees, with respect to the claim, shall be made by the public depositor.

***“Under the penalties of perjury, I declare that I have read the foregoing Public Deposit Claim Form and Agreement and that the facts stated in it are true.”***

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature for Public Depositor

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

Name: \_\_\_\_\_  
Printed or Typed

by \_\_\_\_\_  
Name of Person Making Statement

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

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

\_\_\_\_\_  
Commissioned Name of Notary Public

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

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Type of Identification Produced

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