

Fill in this information to identify the case:

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|--|
| Debtor 1 <u>Auto Masters, LLC</u> |
| Debtor 2 (Spouse, if filing) |
| United States Bankruptcy Court <u>MIDDLE DISTRICT OF TENNESSEE</u> |
| Case number: <u>17-07036</u> |

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 2/12/2018
 MATTHEW T. LOUGHNEY, Clerk

**Official Form 410
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------------------------------|-------|---|------|------|------|-----------------------|--|--------------|--|--------------------------|--|-------------------------------|--|-----------------------------------|---------------------|---|---------------------|---|--|
| Part 1: Identify the Claim | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Who is the current creditor? | <u>Vigilant Insurance Company</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____ | | | | | | | | | | | | | | | | | | | | | | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ | | | | | | | | | | | | | | | | | | | | | | |
| 3. Where should notices and payments to the creditor be sent? | <table border="0"> <tr> <td style="background-color: #cccccc;">Where should notices to the creditor be sent?</td> <td style="background-color: #cccccc;">Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td><u>Vigilant Insurance Company</u></td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td><u>Adrienne Logan</u></td> <td></td> </tr> <tr> <td><u>Chubb</u></td> <td></td> </tr> <tr> <td><u>436 Walnut Street</u></td> <td></td> </tr> <tr> <td><u>Philadelphia, PA 19106</u></td> <td></td> </tr> <tr> <td>Contact phone <u>215-640-2921</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>adrienne.logan@chubb.com</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table> | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | <u>Vigilant Insurance Company</u> | _____ | Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Name | Name | Name | <u>Adrienne Logan</u> | | <u>Chubb</u> | | <u>436 Walnut Street</u> | | <u>Philadelphia, PA 19106</u> | | Contact phone <u>215-640-2921</u> | Contact phone _____ | Contact email <u>adrienne.logan@chubb.com</u> | Contact email _____ | Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | |
| Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | | | | | | | | | | | | | | | | | | | | | | |
| <u>Vigilant Insurance Company</u> | _____ | | | | | | | | | | | | | | | | | | | | | | |
| Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Name | | | | | | | | | | | | | | | | | | | | | | |
| Name | Name | | | | | | | | | | | | | | | | | | | | | | |
| <u>Adrienne Logan</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Chubb</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>436 Walnut Street</u> | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Philadelphia, PA 19106</u> | | | | | | | | | | | | | | | | | | | | | | | |
| Contact phone <u>215-640-2921</u> | Contact phone _____ | | | | | | | | | | | | | | | | | | | | | | |
| Contact email <u>adrienne.logan@chubb.com</u> | Contact email _____ | | | | | | | | | | | | | | | | | | | | | | |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY | | | | | | | | | | | | | | | | | | | | | | |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____ | | | | | | | | | | | | | | | | | | | | | | |

Part 2: Give Information About the Claim as of the Date the Case Was Filed

| | |
|---|---|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ |
| 7. How much is the claim? | \$ 0.00 Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| 8. What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Insurance policies and related agreements, see attached. _____ |
| 9. Is all or part of the claim secured? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable |
| 10. Is this claim based on a lease? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ |
| 11. Is this claim subject to a right of setoff? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: _____ See attached _____ |

| | | |
|---|---|------------------------------------|
| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | <input checked="" type="checkbox"/> No | |
| | <input type="checkbox"/> Yes. Check all that apply: | Amount entitled to priority |
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| | <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| | <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| | <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| | <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies | \$ _____ |
| * Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment. | | |

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 2/12/2018
MM / DD / YYYY

/s/ Catherine Heitzenrater

Signature

Print the name of the person who is completing and signing this claim:

Name Catherine Heitzenrater
First name Middle name Last name

Title _____

Company Duane Morris LLP

Address Identify the corporate servicer as the company if the authorized agent is a servicer

30 S. 17th Street
Number Street
Philadelphia, PA 19103

Contact phone 215-979-7342 City State ZIP Code Philadelphia PA 19103
Email cheitzenrater@duanemorris.com

**ADDENDUM TO PROOF OF CLAIM OF
VIGILANT INSURANCE COMPANY**

1. This Addendum is attached to and a part of the proof of claim (the “Proof of Claim”) filed by Vigilant Insurance Company (together with its affiliates and successors, the “Claimant” or the “Chubb Companies”)¹ against Auto Masters, LLC and the other entities set forth on Exhibit “A” attached hereto (collectively, the “Debtors”) in their respective bankruptcy cases. As the documents supporting this claim are voluminous and contain confidential information, Claimant has not attached such supporting documentation to Claimant’s Proof of Claim. Copies of the documents referenced herein are or should be, upon information and belief, in the possession of the Debtors, and Claimant will provide copies of such documents to other parties upon request provided that appropriate steps can be taken to ensure their confidentiality, as necessary or appropriate.

2. On October 17, 2017 (the “Petition Date”), the Debtors filed their respective voluntary petitions for bankruptcy relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Middle District of Tennessee (the “Court”).

3. Prior to the Petition Date, the Chubb Companies issued certain insurance policies (as renewed, amended, modified, endorsed or supplemented from time to time, collectively, the “Policies”) to the Debtors as named insureds or that otherwise provide coverage to the Debtors.

4. Pursuant to the Policies and any agreements related thereto (collectively, the “Chubb Insurance Program”), the Chubb Companies provide, *inter alia*, directors and officers,

¹ For purposes of this proof of claim, the term “Chubb Companies” shall refer to the Chubb Companies as they existed prior to January 14, 2016 (the date on which the ACE American Insurance Company and its affiliates completed an acquisition of the Chubb Companies).

employment practices liability, inland marine, and certain other insurance for specified policy periods subject to certain limits, deductibles, retentions, exclusions, terms and conditions, as more particularly described therein; and the insureds, including one or more of the Debtors, are required to pay to the Chubb Companies certain amounts including, but not limited to, insurance premiums (including audit premiums), deductibles, funded deductibles, expenses, taxes, assessments and surcharges, as more particularly described in the Chubb Insurance Program (the “Obligations”).

5. To the extent that a Debtor is an insured under the Chubb Insurance Program and has in the past or the present received, or in the future receives, any benefit under the Chubb Insurance Program related to any claim made by or related to such Debtor under the Chubb Insurance Program, including but not limited to any payment by any of the Chubb Companies to or on behalf of the Debtor with respect to a claim made under the Chubb Insurance Program, then the Debtor is jointly and severally liable with other insureds for the Obligations arising with respect to such claim under the Chubb Insurance Program.

6. As of the date hereof, the Debtors are liable to the Chubb Companies in a contingent and unliquidated amount (the “Claim”) for the Obligations. The Claim is currently contingent, unliquidated, and subject to further and future adjustments and estimations by the Claimant, from time to time, in accordance with the terms of the Chubb Insurance Program including, without limitation, additional amounts that may become due for premium, deductibles, expenses, taxes, assessments and surcharges.

7. The Claim is evidenced by the Chubb Insurance Program, including, without limitation, those Policies listed on Exhibit “B” hereto.

8. A portion of the Claim is or may be entitled to administrative expense priority under 11 U.S.C. §§ 503(b) and 507(a)(2).

9. The Claim may be secured by letters of credit, cash collateral, paid loss deposit funds, or other amounts.

10. The Claimant reserves and preserves the right: (a) to file and seek payment of additional claims for (i) administrative expenses, (ii) attorneys' fees and costs, and (iii) cure amounts or rejection damages; (b) to estimate contingent claims and assert additional claims if contingent claims are estimated or liquidated; and (c) to assert any other claims the Claimant may have against the Debtors relating to or incidental to the Obligations and the documents referenced herein. The Claimant reserves and preserves all rights to assert any and all defense, setoff and/or recoupment against the Debtors. The Claimant reserves the right to amend and/or further supplement this Proof of Claim to, *inter alia*, (a) adjust the amount of the Claim to reflect an updated actuarial review and/or financial analysis and/or (b) include additional collateral required as a result thereof.

11. The filing of this Proof of Claim is not intended, and should not be construed as (a) an election of remedies; (b) a waiver of any past, present or future default or event of default; (c) a waiver or limitation of the Claimant's rights or defenses; (d) a waiver of the Claimant's claims against the Debtors or any of the Debtors' subsidiaries or affiliates; (e) a waiver of the Claimant's right to draw on any collateral or security; (f) a waiver of the Claimant's claims against any other parties liable to it (whether under the Chubb Insurance Program or otherwise); (g) a determination as to coverage or entitlements to benefits as to coverage under the Chubb Insurance Program; (h) a waiver of the Chubb Companies' rights under the Chubb Insurance Program, including the right to require arbitration, or (i) a waiver or release of the right to

request withdrawal of the reference with respect to the subject matter of the Proof of Claim, any objection thereto, any other proceeding commenced with respect thereto, or any other proceeding that may be commenced in this case against or otherwise involving the Claimant.

12. All notices to the Claimant relating to this Proof of Claim should be sent to the Claimant as follows:

c/o Chubb
436 Walnut Street
Philadelphia, PA 19106
Attention: Collateral Manager

With a copy to counsel for the Claimant:

Wendy M. Simkulak, Esquire
DUANE MORRIS LLP
30 S. 17th Street
Philadelphia, PA 19103

13. This Proof of Claim is filed as a separate claim from other claims that may be filed by or on behalf of the Claimant or any of its affiliates against the Debtor, and does not replace or supersede such other claims.

EXHIBIT A

DEBTOR NAMES

| | Debtor Name | Case No. |
|-----|-------------------------------------|-----------------|
| 1. | Auto Masters, LLC | 17-07036 |
| 2. | AMC Finance, LLC | 17-07038 |
| 3. | America' United Financial, LLC | 17-07041 |
| 4. | Capital Partners, LLC | 17-07042 |
| 5. | Auto Masters of Clarksville, LLC | 17-07045 |
| 6. | Direct Auto Finance, LLC | 17-07046 |
| 7. | Auto Masters of Franklin, LLC | 17-07047 |
| 8. | Auto Masters of Hermitage, LLC | 17-07048 |
| 9. | Auto Masters of Madison, LLC | 17-07049 |
| 10. | Auto Masters of Nashville, LLC | 17-07050 |
| 11. | One Source Financial, LLC | 17-07051 |
| 12. | Auto Master Sales & Services, Inc. | 17-07052 |
| 13. | Southeast Financial, LLC | 17-07053 |
| 14. | Auto Masters of Smyrna, LLC | 17-07054 |
| 15. | Auto Masters of West Nashville, LLC | 17-07055 |

EXHIBIT B

The Chubb Companies' Claim is evidenced by, without limitation, the Policies, and includes, without limitation, the following and all other documents, instruments, agreements or policies, and any and all endorsements, addenda, amendments, renewals, supplements and modifications to any of the following:

Policies include, but are not limited to:

| Policy Number | Policy Period | Insurer | Type of Coverage |
|----------------------|-------------------------|----------------------------|-------------------------|
| 82468839 | 12/31/2015 – 12/31/2016 | Federal Insurance Company | D&O, EPL |
| 82468839 | 12/31/2016 – 3/1/2018 | Federal Insurance Company | D&O, EPL |
| 6637474 | 2/12/2007 – 8/1/2007 | Vigilant Insurance Company | Inland Marine |
| 6637474 | 8/1/2007 – 8/1/2008 | Vigilant Insurance Company | Inland Marine |

Reservation of Rights

The brief summary of the Policies contained herein is for descriptive purposes only and is not intended to be binding on the Chubb Companies or constitute their position with respect to the proper interpretation and meaning thereof. For a complete and accurate explanation of the terms and conditions of the Policies, reference should be made to the actual Policies.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:17-bk-07036 Auto Masters, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:** 02/15/2018
Trustee: **Last Date to file (Govt):**

| | | |
|--|--|--|
| <p><i>Creditor:</i> (6566603) Vigilant Insurance Company Adrienne Logan Chubb 436 Walnut Street Philadelphia, PA 19106 Amount claimed: \$0.00</p> | <p>Claim No: 22 <i>Original Filed</i> Date: 02/12/2018 <i>Original Entered</i> Date: 02/12/2018</p> | <p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i></p> |
|--|--|--|

History:
[Details](#) [22-1](#) 02/12/2018 Claim #22 filed by Vigilant Insurance Company, Amount claimed: \$0.00 (admin)

Description:
Remarks: (22-1) Filer Comment: See attached addendum

Claims Register Summary

Case Name: Auto Masters, LLC
Case Number: 3:17-bk-07036
Chapter: 11
Date Filed: 10/17/2017
Total Number Of Claims: 1

| | |
|------------------------------|--------|
| Total Amount Claimed* | \$0.00 |
| Total Amount Allowed* | |

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

| | Claimed | Allowed |
|-----------------------|---------|---------|
| Secured | | |
| Priority | | |
| Administrative | | |