

Fill in this information to identify the case:

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

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 2/13/2018
 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>Employers Preferred 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Employers Preferred Insurance Company</u>	_____
	Name	Name
	<u>10375 Professional Circle</u>	
	<u>Reno, NV 89521</u>	
	Contact phone <u>7753272546</u>	Contact phone _____
Contact email <u>atrexler@employers.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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7503</u>
7. How much is the claim?	\$ <u>7646.25</u> 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. <u>Workers Compensation Insurance Premium</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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 2/13/2018
MM / DD / YYYY

/s/ Allison Trexler

Signature

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

Name Allison Trexler

First name Middle name Last name

Title Collections Manager

Company Employers Preferred Insurance Company

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

Address 10375 Professional Circle

Number Street

Reno, NV 89521

City State ZIP Code

Contact phone 775-327-2546 Email atrexler@employer.com

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:

AUTO MASTERS OF MADISON LLC
56 S LOWRY STREET
SMYRNA TN 37167

Agent:

CHAPPELL SMITH & ASSOCIATES IN
1006 MERYLINGER COURT
FRANKLIN, TN 37067

Policy Number: EIG 167175 03
Effective Date: 05/04/2016
Expiration Date: 05/04/2017
Cancellation Date:

Telephone: 615-435-8300

For billing questions please call 1-800-677-3252

FINAL AUDIT

Total Earned Premium:	\$18,033.00
Total Assessments:	
Subtotal:	\$18,033.00
Payments Received:	\$-7,838.00
Total Due:	\$10,195.00

**INVOICE WILL BE CONSIDERED PAST DUE IF NOT PAID BY THE DUE DATE
OR WITHIN 20 DAYS FROM INVOICE DATE WHICHEVER IS LATER
DETACH ALONG THIS PERFORATION**

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

FINAL AUDIT INVOICE
FINALINC1_CW_V3

Policy Number EIG 167175 03 7203300
Amount Due: **\$10,195.00**
Check Number _____

(Please write check number in the space provided)

Please Remit Payment to:

Insured:

AUTO MASTERS OF MADISON LLC
56 S LOWRY STREET
SMYRNA TN 37167

Employers Preferred Ins. Co.
P.O. Box 53089
Phoenix, Arizona 85072-3089



Insured:
AUTO MASTERS OF MADISON LLC
56 S LOWRY STREET
SMYRNA TN 37167

Agent:
CHAPPELL SMITH & ASSOCIATES IN
1006 MERYLINGER COURT
FRANKLIN, TN 37067

TELEPHONE: 615-435-8300

Policy Number: EIG ████████75 03
Original Effective Date: 05/04/2016
Original Expiration Date: 05/04/2017
Cancellation Date:

Earned Premium Statement

Audit Type		Audit Term		Branch	Agent		
Final		Final		92	7203300		
State	Site	Class Code	Description of Classification	Exposure	Rate	Premium	
TN	00001	8748	AUTOMOBILE SALESPERSONS	392,857	0.470000	1,846.00	
		8810	CLERICAL OFFICE EMPLOYEES NOC	600,913	0.160000	961.00	
		Site 00001 Total					\$ 2,807.00
	00002	8748	AUTOMOBILE SALESPERSONS	0	0.470000	0.00	
		8810	CLERICAL OFFICE EMPLOYEES NOC	0	0.160000	0.00	
		Site 00002 Total					
	00003	8748	AUTOMOBILE SALESPERSONS	0	0.470000	0.00	
		8810	CLERICAL OFFICE EMPLOYEES NOC	0	0.160000	0.00	
		Site 00003 Total					
	00004	8380	AUTOMOBILE SERVICE OR REPAIR	666,088	2.600000	17,318.00	
		Site 00004 Total					\$ 17,318.00
		Rating Period Total - 05/04/2016 through 05/04/2017					\$ 20,125.00
		9807	INCREASED COVERAGE II	20,125	0.011000	221.00	
		9898	EXPERIENCE MODIFICATION	20,346	0.870000	-2,645.00	
		9889	SCHEDULE DEBIT	17,701	0.020000	354.00	
		0063	PREMIUM DISCOUNT	18,055	0.041000	-740.00	
		0900	EXPENSE CONSTANT			220.00	
		9740	FOREIGN TERRORISM	1,659,858	0.010000	166.00	

THIS IS NOT A BILL

Insured:
AUTO MASTERS OF MADISON LLC
56 S LOWRY STREET
SMYRNA TN 37167

Agent:
CHAPPELL SMITH & ASSOCIATES IN
1006 MERYLINGER COURT
FRANKLIN, TN 37067

TELEPHONE: 615-435-8300

Policy Number: EIG ████████75 03
Original Effective Date: 05/04/2016
Original Expiration Date: 05/04/2017
Cancellation Date:

Earned Premium Statement

Audit Type		Audit Term		Branch	Agent	
Final		Final		92	7203300	
State	Site	Class Code	Description of Classification	Exposure	Rate	Premium
		9741	CATASTROPHE PREMIUM	1,659,858	0.020000	332.00
			Rating Period Total - 05/04/2016 through 05/04/2017			\$ 2,092.00-
			State Total - Earned Premium			\$ 18,033.00

THIS IS NOT A BILL

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):**

<i>Creditor:</i> (6567643)	Claim No: 25	<i>Status:</i>
Employers Preferred Insurance Company	<i>Original Filed</i>	<i>Filed by:</i> CR
10375 Professinal Circle	<i>Date:</i> 02/13/2018	<i>Entered by:</i> admin
Reno, NV 89521	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 02/13/2018	

Amount claimed: \$7646.25

History:

[Details](#) [25-1](#) 02/13/2018 Claim #25 filed by Employers Preferred Insurance Company, Amount claimed: \$7646.25 (admin)

Description:

Remarks: (25-1) Account Number (last 4 digits):7503

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*	\$7646.25
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		