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**TAWANA C. MARSHALL, CLERK
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

BSI FORM 10 (Official Form 10)
(Rev. 7/06)

United States Bankruptcy Court District of Northern District of Texas	PROOF OF CLAIM
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In re (Name of Debtor) ERICKSON CONSTRUCTION LLC	Case Number 09-37016
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NOTE: This form should not be used to make a claim for and administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (<i>The person or other entity to whom the debtor owes money or property</i>) The Travelers Indemnity Company & Its Affiliates	RECEIVED FEB 11 2010 BMC GROUP	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
Name and Address Where Notices Should be Sent Travelers One Tower Square, 5MN Hartford, CT 06183 Attn: Salvatore Marino Telephone No. (860) 277- 6701		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

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ACCOUNT OR OTHER NUMBER BY WHICH THE CREDITOR IDENTIFIES THE DEBTOR 9172G6069 (Customer Number)	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim
	Check here if this claim <input type="checkbox"/> is the result of a transfer

1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed Commercial Insurance <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed _____ from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED 10/1/2002-03/01/2010 Policy Term	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM. Under the bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

<input checked="" type="checkbox"/> SECURED CLAIM \$28,475 Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other (Cash)	Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S.C. §(a)(1)(A) or (a) (1)(B). <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,425* 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"/> Alimony, maintenance, or support owed to a spouse, former spouse or child- 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units- 11 U.S.C. § 507 (a)(8) <input checked="" type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507 (a)(2) _____ <u>Post-petition Insurance</u>
Amount of arrearage and other charges at time case filed included in secured claim above, if any _____	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured and there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such Property is less than the amount of the claim.	
<input type="checkbox"/> UNSECURED PRIORITY CLAIM	

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	** _____ \$28,475 ** (Unsecured) (Secured)	_____ (Priority)	Un-Liquidated *Please see attached
<input type="checkbox"/> Check this box if claim includes charges in addition to the principle amount of the claim. Attach itemized statement of all additional charges. *please see attached			

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6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. *please see attached

Date 1/26/2010	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Case Manager <i>Debra Gold</i>
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Erickson Ret. Comm. LLC



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Attachment to Proof of Claim of The Travelers Indemnity Company and Affiliates in the Chapter 11 Case of ERICKSON CONSTRUCTION LLC, et al. (“debtor”), Case No 09-37016.

The Travelers Indemnity Company and its Affiliates provided certain general liability and auto coverage as described below for the periods October 01, 2002 through March 01, 2010.

Insurance Coverage

Travelers issued certain general liability and auto coverage policies providing coverage for the debtor, ERICKSON CONSTRUCTION LLC, Inc, in various states. Travelers investigates, administers, defends, litigates, settles, and pays all claims for covered occurrences. The policies in the insurance program are loss sensitive, that is, premium payments reflect the actual experience of the insured's. Actual premiums due are then determined by actual losses and expenses and reimbursement of deductible amounts.

Claim Amount

As discussed above, the debtor's obligations to Travelers are subject to adjustment because, among other things, certain obligations are affected by the debtor's claims and loss experience. Further, and as authorized, the debtor continues to perform, in part, under the program. Therefore, it is premature to calculate the amount of Travelers claim. Travelers reserves its right to amend its claim.

Administrative Expense

A portion of Travelers claim may be entitled to priority as administrative expense under Bankruptcy Code sections 507(a)(2) for insurance coverage provided on or after the commencement of the Debtor's bankruptcy cases.

Collateral

Travelers holds a Letter of Credit #18106730-00-000 in the amount of \$893,880 issued by PNC Bank. In addition, Travelers holds \$28,475 funding deposits as partial collateral for the obligations of the debtor's insurance program.

Documents

The documents supporting Travelers claims are voluminous and are available upon request. Please see the attached Schedule A for a list of the policies and issued by Travelers in connection with the debtor's insurance program. The list of policies may be incomplete and is subject to amendment by Travelers.

Schedule A
ERICKSON CONSTRUCTION LLC
Account Number 9172G6069
Summary of Policy Years, Policy Number, and Lines of Insurance

Policy Year	Policy Number	Policy Line
10/1/2002-10/01/2003	124D9215-CO	General Liability
10/1/2003-10/01/2004	124D9215-CO	General Liability
10/1/2003-10/01/2004	124D9215-810	Auto
10/1/2004-10/01/2005	124D9215-CO	General Liability
10/1/2004-10/01/2005	124D9215-810	Auto
03/01/2006-03/01/2007	8181b928-CAP	Auto
03/01/2006-03/01/2007	8181b916-CO	General Liability
03/01/2007-03/01/2008	8181b928-CAP	Auto
03/01/2007-03/01/2008	8181b916-CO	General Liability
03/01/2008-03/01/2009	8181b928-CAP	Auto
03/01/2008-03/01/2009	8181b916-CO	General Liability
03/01/2009-03/01/2010	8181b928-CAP	Auto
03/01/2009-03/01/2010	8181b916-CO	General Liability