

UNITED STATES BANKRUPTCY COURT	Southern District of New York	PROOF OF CLAIM
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Name of Debtor: Comprehensive Medical Imaging, Inc.	Case Number: 10-16567-ajg
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NOTE: This form should not be used to make a claim for an 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 (the person or other entity to whom the debtor owes money or property): Crum & Forster	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
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Name and address where notices should be sent: Gina M. Pontoriero, Esq. Crum & Forster 305 Madison Ave, Box 1973 Morristown, NJ 07960 Telephone number: (973)490-6822	Court Claim Number: _____ (if known) Filed on: _____
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Name and address where payment should be sent (if different from above): Telephone number:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 28 2011 BMC GROUP </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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1. Amount of Claim as of Date Case Filed <u>\$6,810,057.47*</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges. * And, potential additional amounts. See Exhibit A.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(). Amount entitled to priority: \$ _____
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2. Basis for Claim: <u>Insurance - premium and deductible payments</u> (See instructions #2 on reverse side.)	
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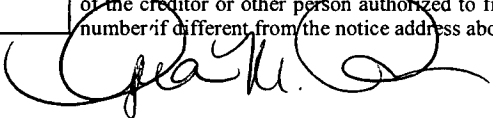
3. Last four digits of any number by which creditor identifies debtor: <u>7203</u>	
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3a. Debtor may have scheduled account as: _____ (See instructions #3a on reverse side.)	
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4. Secured Claim (See instructions #4 on reverse side). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: Letter of Credit, Escrow Monies, and right of setoff and/or off set, see Ex. A attached Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: <u>\$5,815,057.47</u> Basis for perfection: _____ Amount of Secured Claim: <u>\$995,000*</u> Amount Unsecured: <u>\$5,815,057.47</u> * And, potential additional amounts. See Exhibit A.	
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6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	
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7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attached redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:	Insignit  00073
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DATE: 1/25/11	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Gina M. Pontoriero, Senior Corporate Counsel	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 26 2011 </div>
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INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Exhibit A: Summary of Claim
Comprehensive Medical Imaging, Inc.
Case No. 10-16567-ajg

"Crum & Forster" is a registered trademark of United States Fire Insurance Company ("U.S. Fire"). The Crum & Forster group of companies includes, among other entities, U.S. Fire and the North River Insurance Company (collectively, "Crum & Forster"). Crum & Forster hereby submits this proof of claim and supporting documentation jointly and severally against all of the jointly administered debtors ("Debtor"), and thus has filed identical proofs of claim on the claims register for each Debtor.

U.S. Fire issued policy number 406-6807203 with an effective term of 12/5/10-12/5/11. The estimated premium for this policy in the amount of \$771,088 is payable in a deposit in the amount of \$214,042, and equal monthly installments due thereafter in the amount of \$61,894. The policy is subject to premium audit at the end of policy termination. Debtor has paid the deposit premium, and as of the time of submitting this proof of claim, is not delinquent in its installment plan. If the Debtor assumes this policy, and pays the installments, and if a premium audit at policy expiration results in a return of premium to the Debtor, U.S. Fire will assert a right of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, and/or to any amounts due under the coverage described below. In the meantime, \$495,152 remains due on installment.

The North River Insurance Company issued policy number 406-6805934 with an effective term of 12/5/09-12/5/10. The estimated premium for this policy in the amount of \$749,082 has been paid. The policy is subject to premium audit on expiration. Currently, the audit has not taken place. If the premium audit results in a return of premium to the Debtor, North River will assert a right of setoff and/or off set with respect to the premium return. This right of setoff and/or off set will be applied to the above referenced installments due and owing, if any, and/or to any amounts due under the coverage described below.

U.S. Fire issued policy number 406-6802559 with an effective term of 12/5/06-12/5/07. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2M. Currently, Debtor has remitted deductible payments in the amount of \$704,408.47, leaving a potential deductible aggregate in the amount of \$1,295,591.53 (\$2M-\$704,408.47). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-6801227 with an effective term of 12/5/05-12/5/06. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2,250,000. Currently, Debtor has remitted deductible payments in the amount of \$680,296.79, leaving a potential deductible aggregate in the amount of \$1,569,703.21 (\$2,250,000-\$680,296.79). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286649 with an effective term of 12/5/04-12/5/05. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of

\$2M. Currently, Debtor has remitted deductible payments in the amount of \$320,329.12, leaving a potential deductible aggregate in the amount of \$1,679,670.88 (\$2M-\$320,329.12). U.S. Fire expects that this deductible aggregate will increase over time.

U.S. Fire issued policy number 406-0286541 with an effective term of 12/5/03-12/5/04. The policy is subject to a \$250,000 per claimant deductible and a deductible aggregate amount of \$2.2M. Currently, Debtor has remitted deductible payments in the amount of \$430,060.15, leaving a potential deductible aggregate in the amount of \$1,769,939.85 (\$2.2M-\$430,060.15). U.S. Fire expects that this deductible aggregate will increase over time.

Crum & Forster therefore files this contingent claim in the amount of \$6,810,057.47 (\$495,152 + \$1,295,591.53 + \$1,569,703.21 + \$1,679,670.88 + \$1,769,939.85). Crum & Forster is a secured creditor because it holds \$995,000 in collateral (\$875,000 in LOC and \$120,000 in escrow monies). Crum & Forster also files this Proof of Claim as an unsecured creditor for any monies due from Debtor which exceeds the collateral.

As of the time of submitting this proof of claim, there are no outstanding amounts due by Debtor. Additional amounts will, however, be due in the future. Crum & Forster reserves its right to file amended proofs of claim.

The referenced declaration pages, documentation, and loss detail reports are attached hereto and incorporated herein by reference.

INSURER:
UNITED STATES FIRE INSURANCE COMPANY
HOME OFFICE: MORRISTOWN, NJ
A STOCK INSURANCE COMPANY

POLICY NO: 4066807203
RENEWAL OF: 4066805934
NCCI CO NO: 12777
INSURED ID
NO(S):
CLIENT NO: 01403273

1. THE INSURED AND MAILING ADDRESS:
NSIGHT HEALTH SERVICES CORP.
(SEE NAMED INSURED ENDT)
26250 ENTERPRISE COURT
LAKE FOREST CA 92630

PRODUCER NO: 36792
PRODUCER NAME AND ADDRESS:
MARSH USA, INC.
777 S. FIGUEROA STREET
LOS ANGELES
CA 90017-0000

INSURED ENTITY: CORPORATION
BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. POLICY PERIOD: FROM 12-05-2010 TO 12-05-2011
Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CO CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO
MS NC NE NH NJ NM NV NY OK PA RI SC TN TX UT VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium:	\$ 1,120	Total Estimated Annual Cost:	\$ 771,088
Audit Period:	ANNUAL	Deposit Premium:	\$ 214,042
Issued At:	LOS ANGELES CA		
Date:	12-03-10		

DATE Authorized Representative

Policy Number
4066807203

SCHEDULE OF NAMED INSURED
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10
12:01 A.M., Standard Time

Agent Name MARSH USA, INC.

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NSIGHT HEALTH SERVICES CORP.
INSIGHT HEALTH CORP.
DBA: ADVANCED MRI OF
PLEASANTON
DBA: BILTMORE ADVANCED IMAGING
CENTER
DBA: DOC CT
DBA: DOWNEY MRI CENTER
DBA: FREMONT IMAGING CENTER
DBA: GATEWAY IMAGING CENTER
DBA: HARBOR/UCLA SPEC IMAGING
CENTER
DBA: HARBOR-UCLA DIAGNOSTIC
CENTER
DBA: HOLY CROSS IMAGING CENTER
DBA: HOLY CROSS MAGNETIC
RESONANCE CENTER
DBA: INSIGHT DIAGNOTIC CENTER
- EIGHTH AVENUE PET/CT
DBA: INSIGHT IMAGING
DBA: INSIGHT IMAGING - LOS
GATOS MRI
DBA: INSIGHT IMAGING -
AHWATUKEE
DBA: INSIGHT IMAGING - ALAMO
DBA: INSIGHT IMAGING -
ARLINGTON
DBA: INSIGHT IMAGING -
ARROWHEAD
DBA: INSIGHT IMAGING -
BILTMORE
DBA: INSIGHT IMAGING -
CAMELBACK
DBA: INSIGHT IMAGING -
CAMELBACK MRI
DBA: INSIGHT IMAGING - COUNTRY
CLUB
DBA: INSIGHT IMAGING - DEL SOL
DBA: INSIGHT IMAGING -
DIAGNOSTIC SERVICES OF FREMONT
DBA: INSIGHT IMAGING - FAIRFAX
DBA: INSIGHT IMAGING -
FOUNTAINS
DBA: INSIGHT IMAGING -
FOUNTAINS WOMEN'S CENTER
DBA: INSIGHT IMAGING - GATEWAY
DBA: INSIGHT IMAGING -
GOODYEAR
DBA: INSIGHT IMAGING - LOS
GATOS MRI
DBA: INSIGHT IMAGING -
MCDOWELL MOUNTAIN
DBA: INSIGHT IMAGING -
MOUNTAIN DIAGNOSTICS
DBA: INSIGHT IMAGING -
MOUNTAIN VIEW MRI
DBA: INSIGHT IMAGING - MRI OF
CHELMSFORD

Policy Number
4066807203

SCHEDULE OF NAMED INSURED
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time
Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

DBA: INSIGHT IMAGING -
MURCHISON PARK
DBA: INSIGHT IMAGING -
MURFREESBORO
DBA: INSIGHT IMAGING - OPEN
MRI OF DEDHAM
DBA: INSIGHT IMAGING - PATRIOT
DBA: INSIGHT IMAGING -
PLEASANTON
DBA: INSIGHT IMAGING - SAN
FRANCISCO SFMRC
DBA: INSIGHT IMAGING - SUN
VIEW
DBA: INSIGHT IMAGING - SUN
VIEW XRAY
DBA: INSIGHT IMAGING - THOMAS
MRI
DBA: INSIGHT IMAGING - THOMAS
ROAD
DBA: INSIGHT IMAGING -
THUNDERBIRD MRI & PET
DBA: INSIGHT IMAGING - UPPER
OHIO VALLEY LLC
DBA: INSIGHT IMAGING -
WASHINGTON
DBA: INSIGHT IMAGING - WEST EL
PASO
DBA: INSIGHT IMAGING - WEST
THUNDERBIRD
DBA: INSIGHT IMAGING - WEST
VALLEY
DBA: INSIGHT IMAGING -
WOODBIDGE
DBA: INSIGHT IMAGING CENTER OF
ARLINGTON
DBA: INSIGHT MOUNTAIN
DIAGNOSTICS
DBA: JEFFERSON IMAGING -
LANGHOME
DBA: LOS GATOS MRI
DBA: MEDICAL IMAGING CENTER OF
ARLINGTON
DBA: MEDICAL IMAGING CENTER OF
FAIRFAX
DBA: MEDICAL IMAGING CENTER OF
HUNTINGTON BEACH
DBA: MOUNTAIN VIEW MRI
DBA: MRI CENTER AT MARTIN
LUTHER KING/DREW MEDICAL
CENTER
DBA: MRI CENTER AT OLIVE VIEW
MEDICAL CENTER
DBA: MRI OF CHELMSFORD
DBA: OLIVE VIEW - UCLA IMAGING
CENTER
DBA: OPEN MRI OF DEDHAM
DBA: OPEN MRI OF EAST MESA
DBA: RANCHO LOS AMIGOS MRI

Policy Number
4066807203

SCHEDULE OF NAMED INSURED
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10

Agent Name MARSH USA, INC.

12:01 A.M., Standard Time

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

CENTER
DBA: REDWOOD CITY MRI
DBA: SAN FRANCISCO MAGNETIC
RESONANCE CENTER
DBA: THE IMAGING CENTER AT
MURFREESBORO
DBA: THUNDERBIRD MRI & PET
CENTER
DBA: VALLEY MRI CENTER
DBA: WOODBRIDGE MRI
BMRI, LLC.
CENTRAL MAINE MAGNETIC IMAGING
ASSOCIATES
DBA: CENTRAL MAINE IMAGING
CENTER
COMPREHENSIVE MEDICAL IMAGING
CENTERS, INC.
EAST BAY MEDICAL IMAGING, LLC
DBA: INSIGHT IMAGING - EAST
BAY
ENCINITAS IMAGING CENTER, LLC
DBA: ENCINITAS MRI CENTER
GARFIELD IMAGING CENTER, LTD.
DBA: INSIGHT IMAGING -
GARFIELD
GREATER WATERBURY IMAGING
CENTER, L.P.
INSIGHT-ARA, LLC
DBA: INSIGHT IMAGING -
WILLOWBEND
INSIGHT PROSCAN, LLC
DBA: POLARIS OPEN MRI
INSIGHT - PREMIER HEALTH, LLC
DBA: MOBILE IMAGING CONSORTIUM
DBA: MARSHWOOD IMAGING CENTER
DBA: OPEN MRI OF BANGOR
DBA: OPEN MRI OF BRUNSWICK
KESSLER IMAGING ASSOCIATES,
LLC
MAINE MOLECULAR IMAGING, LLC
MAXUM HEALTH SERVICES CORP.
MAXUM DIAGNOSTIC CENTERS
DBA: INSIGHT DIAGNOSTIC CENTER
- PRESTON ROAD
DBA: INSIGHT DIAGNOSTIC CENTER
- FOREST LANE
DBA: INSIGHT DIAGNOSTIC CENTER
- EIGHTH AVENUE
DBA: INSIGHT DIAG EIGHTH AVE
DBA: INSIGHT DIAG FOREST LN
DBA: INSIGHT DIAG PRESTON
NATIONAL MEDICAL IMAGING CORP.
NORTH CAROLINA MOBILE IMAGING
I, LLC
NORTH CAROLINA MOBILE IMAGING
II, LLC
NORTH CAROLINA MOBILE IMAGING
III, LLC

Policy Number
4066807203

SCHEDULE OF NAMED INSURED
UNITED STATES FIRE INSURANCE COMPANY

Named Insured NSIGHT HEALTH SERVICES CORP.

Effective Date: 12-05-10
12:01 A.M., Standard Time

Agent Name MARSH USA, INC.

Agent No. 36792

WC 00 00 01 C (cont.)

THE NAMED INSURED ON FORM WC 00 00 01 C IS AMENDED TO READ:

NORTH CAROLINA MOBILE IMAGING
IV, LLC
NORTH CAROLINA MOBILE IMAGING
V, LLC
NORTH CAROLINA MOBILE IMAGING
VI, LLC
NORTH CAROLINA MOBILE IMAGING
VII, LLC
OPEN MRI, INC.
DBA: OPEN MRI OF HAYWARD
DBA: INSIGHT IMAGING - HAYWARD
DBA: SOUTH COAST MRI CENTER
DBA: INSIGHT IMAGING - SOUTH
COAST
ORANGE COUNTY REGIONAL PET
CENTER - IRVINE, LLC
PARKWAY IMAGING CENTER, LLC
DBA: ORANGE COUNTY REGIONAL
PET CENTER
REVANA HEALTH CORP
SIGNAL MEDICAL SERVICES, INC.
SOUTHERN CONNECTICUT IMAGING
CENTERS, LLC
SURGICAL SPECIALTY IMAGING,
LLC
DBA: CAMELBACK SPECIALTY
IMAGING
TOMS RIVER IMAGING ASSOCIATES.
L.P.
DBA: OCEAN MEDICAL IMAGING
CENTER
DBA: OCEAN MEDICAL IMAGING
CENTER - WEST
DBA: OCEAN MEDICAL IMAGING
WOMEN'S CENTER

INSURER:
THE NORTH RIVER INSURANCE COMPANY
HOME OFFICE: TOWNSHIP OF MORRIS, NJ
A STOCK INSURANCE COMPANY

POLICY NO: 4066805934
RENEWAL OF: 4066804818
NCCI CO NO: 14508
INSURED ID
NO(S):
CLIENT NO: 1403273

1. THE INSURED AND MAILING ADDRESS:

INSIGHT HEALTH SERVICES
(SEE NAMED INSURED ENDT)
26250 ENTERPRISE COURT
LAKE FOREST CA 92630

PRODUCER NO: 36792
PRODUCER NAME AND ADDRESS:
MARSH USA, INC.
777 S. FIGUEROA STREET
LOS ANGELES
CA 90017-0000

INSURED ENTITY: CORPORATION
BUSINESS OF INSURED: MEDICAL LABORATORY, MFG.ELECTROMEDICAL EQUIPMENT
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. POLICY PERIOD: FROM 12-05-2009 TO 12-05-2010

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC NH
NJ NV NY OK PA RI SC TN TX VA VT WV

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 1,000,000 Each Accident
Bodily Injury by Disease: \$ 1,000,000 Policy Limit
Bodily Injury by Disease: \$ 1,000,000 Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WY and in any additional states listed below:

AR DE NE

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium: \$ 1,000
Audit Period: ANNUAL
Total Estimated Annual Cost: \$ 749,802
Deposit Premium: \$ 208,632
Issued At: LOS ANGELES CA
Date: 12-11-09

DATE

Authorized Representative

INSURER:

UNITED STATES FIRE INSURANCE COMPANY
HOME OFFICE: MORRISTOWN, NJ
A STOCK INSURANCE COMPANY

POLICY NO: 4066802559

RENEWAL OF: 4066801227

NCCI CO NO: 12777

INSURED ID

NO(S):

CLIENT NO: 1403273

1. THE INSURED AND MAILING ADDRESS:

INSIGHT HEALTH SERVICES
(SEE NAMED INSURED ENDT)
26250 ENTERPRISE COURT
LAKE FOREST CA 92630

PRODUCER NO: 36792

PRODUCER NAME AND ADDRESS:

MARSH USA, INC.
777 S. FIGUEROA STREET
LOS ANGELES
CA 90017-0000

INSURED ENTITY: CORPORATION

BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT

OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. POLICY PERIOD: FROM 12-05-2006 TO 12-05-2007

Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MO MS NC
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:
MN

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium:	\$ 1,000	Total Estimated	
Audit Period:	ANNUAL	Annual Cost:	\$ 467,242
Issued At:	LOS ANGELES CA	Deposit Premium:	\$ 141,865
Date:	12-15-06		

DATE

Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY

PRODUCTION DATE: 01/24/2011

VALUATION DATE: 01/20/2011

CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE
& ADDRESS: 26250 ENTERPRISE COURT
SUITE 100
B LAKE FOREST CA 92630

PRODUCER NAME: MARSH USA-LOS ANGELES
& ADDRESS: 777 S. FIGUEROA STREET
LOS ANGELES CA 90017

POLICY NUMBER: 406 680255 WORKERS COMPENSATION

DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM

EFFECTIVE DATE: 12/05/2006

EXPIRATION DATE: 12/05/2007

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000 DEDUCTIBLE TYPE: MEDICAL & INDEMNITY ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED

DEDUCTIBLE AGGREGATE APPLICABLE: YES DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000

DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: MN, WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: REFER TO ATTACHMENT

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$704,408.47

PRIOR BILLABLE: \$698,248.08

BILLABLE THIS MONTH: \$6,160.39

INSURER:
UNITED STATES FIRE INSURANCE COMPANY
HOME OFFICE: MORRISTOWN, NJ
A STOCK INSURANCE COMPANY

POLICY NO: 4066801227
RENEWAL OF: 4060286649
NCCI CO NO: 12777
INSURED ID
NO(S):
CLIENT NO: 01403273

1. THE INSURED AND MAILING ADDRESS:
INSIGHT HEALTH SERVICES CORP.
(SEE NAMED INSURED ENDT)
26250 ENTERPRISE COURT
LAKE FOREST CA 92630

PRODUCER NO: 80379
PRODUCER NAME AND ADDRESS:
AON RISK SVS OF MO
8182 MARYLAND AVE
ST. LOUIS
MO 63105-0000

INSURED ENTITY: CORPORATION
BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. POLICY PERIOD: FROM 12-05-2005 TO 12-05-2006
Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT DE FL GA IL IN KS KY LA MA MD ME MI MN MO MS
NC NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium:	\$ 1,245	Total Estimated	
Audit Period:	ANNUAL	Annual Cost:	\$ 777,149
Issued At:	CHICAGO IL	Deposit Premium:	\$ 239,327
Date:	12-09-05		

DATE

Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY PRODUCTION DATE: 01/24/2011 VALUATION DATE: 01/20/2011
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE PRODUCER NAME: AON RISK SVS CENTRAL
& ADDRESS: 26250 ENTERPRISE COURT & ADDRESS: 8182 MARYLAND AVE
SUITE 100 ST. LOUIS MO 63105
B LAKE FOREST CA 92630

POLICY NUMBER: 406 680122 WORKERS COMPENSATION DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM
EFFECTIVE DATE: 12/05/2005 EXPIRATION DATE: 12/05/2006

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000 DEDUCTIBLE TYPE: MEDICAL & INDEMNITY ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED
DEDUCTIBLE AGGREGATE APPLICABLE: YES DEDUCTIBLE AGGREGATE AMOUNT: \$2,250,000
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI
DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$680,296.79 PRIOR BILLABLE: \$680,294.49 BILLABLE THIS MONTH: \$2.30

INSURER:
UNITED STATES FIRE INSURANCE COMPANY
HOME OFFICE: MORRISTOWN, NJ
A STOCK INSURANCE COMPANY

POLICY NO: 4060286649
RENEWAL OF: 4060286541
NCCI CO NO: 12777
INSURED ID
NO(S):
CLIENT NO: 1403273

1. THE INSURED AND MAILING ADDRESS:
INSIGHT HEALTH SERVICES CORP.
26250 ENTERPRISE COURT
LAKE FOREST CA 92630

PRODUCER NO: 80379
PRODUCER NAME AND ADDRESS:
AON RISK SVS OF MO
8182 MARYLAND AVE
ST. LOUIS
MO 63105-0000

INSURED ENTITY: CORPORATION
BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIPMENT
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. POLICY PERIOD: FROM 12-05-2004 TO 12-05-2005
Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. COVERAGE:

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC
NE NH NJ NV NY OK PA RI SC TN TX VA VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium:	\$ 1,000	Total Estimated	
Audit Period:	ANNUAL	Annual Cost:	\$ 759,402
		Deposit Premium:	\$ 208,674

Issued At: OVERLAND PARK KS
Date: 12-16-04

DATE

Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

VALUATION DATE: 01/20/2011

PRODUCTION DATE: 01/24/2011

CFI OFFICE: KANSAS CITY

PRODUCER NAME
AON RISK SVS CENTRAL
8182 MARYLAND AVE
ST. LOUIS MO 63105

CLIENT NAME
INSIGHT HEALTH SERVICES CORP. INSIGHT HE
& ADDRESS
26250 ENTERPRISE COURT
SUITE 100
B LAKE FOREST CA 92630

DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM

POLICY NUMBER: 406 028664 WORKERS COMPENSATION

EXPIRATION DATE: 12/05/2005

EFFECTIVE DATE: 12/05/2004

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000 DEDUCTIBLE TYPE: MEDICAL & INDEMNITY ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED

DEDUCTIBLE AGGREGATE APPLICABLE: YES DEDUCTIBLE AGGREGATE AMOUNT: \$2,000,000

DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI

DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

BILLABLE THIS MONTH: \$17.25

PRIOR BILLABLE: \$320,311.87

TOTAL BILLABLE TO DATE: \$320,329.12

INSURER:
UNITED STATES FIRE INSURANCE COMPANY
HOME OFFICE: NEW YORK, NY
A STOCK INSURANCE COMPANY

POLICY NO: 4060286541
NEW BUSINESS
NCCI CO NO: 12777
INSURED ID
NO(S):
CLIENT NO: 1403273

1. **THE INSURED AND MAILING ADDRESS:**
INSIGHT HEALTH SERVICES CORP.
(SEE NAMED INSURED ENDT)
26250 ENTERPRISE WAY, SUITE 10
LAKE FOREST CA 92630

PRODUCER NO: 80379
PRODUCER NAME AND ADDRESS:
AON RISK SVS OF MO
8182 MARYLAND AVE
ST. LOUIS
MO 63105-0000

INSURED ENTITY: CORPORATION
BUSINESS OF INSURED: MEDICAL LABORATORY, MFG. ELECTROMEDICAL EQUIP.
OTHER WORKPLACES NOT SHOWN ABOVE: (See Extension of Information Page)

2. **POLICY PERIOD:** FROM 12-05-2003 TO 12-05-2004
Effective 12:01 A.M. Standard Time at the Insured's Mailing Address.

3. **COVERAGE:**

A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the States Listed here:

AL AR AZ CA CT FL GA IL IN KS KY LA MA MD ME MI MN MO MS NC
NE NH NJ NV NY OK PA RI SC TN TX VT

B. Employers' Liability Insurance: Part Two of the Policy applies to work in each state listed in Item 3A. The Limits of our liability under Part Two are:

Bodily Injury by Accident:	\$ 1,000,000	Each Accident
Bodily Injury by Disease:	\$ 1,000,000	Policy Limit
Bodily Injury by Disease:	\$ 1,000,000	Each Employee

C. Other States Insurance: Part Three of the Policy applies to All States of the United States, except those listed in Item 3A above and in: ND, OH, WA, WV, WY and in any additional states listed below:

D. This Policy includes these Endorsements and Schedules:
As per schedule of forms and endorsements.

4. THE PREMIUM for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. See Extension of Information Page.

AGENCY BILL

Minimum Premium:	\$ 1,090	Total Estimated	
Audit Period:	ANNUAL	Annual Cost:	\$ 788,506
		Deposit Premium:	\$ 221,380

Issued At: OVERLAND PARK KS
Date: 12-16-03

DATE

Authorized Representative



CLIENT DEDUCTIBLE BILLING REPORT

CFI OFFICE: KANSAS CITY PRODUCTION DATE: 01/24/2011 VALUATION DATE: 11/19/2010
CLIENT NAME: INSIGHT HEALTH SERVICES CORP. INSIGHT HE PRODUCER NAME: AON RISK SVS CENTRAL
& ADDRESS: 26250 ENTERPRISE COURT & ADDRESS: 8182 MARYLAND AVE
SUITE 100 ST. LOUIS MO 63105
B LAKE FOREST CA 92630

POLICY NUMBER: 406 028654 WORKERS COMPENSATION DEDUCTIBLE PROGRAM: CFI DEDUCTIBLE PROGRAM
EFFECTIVE DATE: 12/05/2003 EXPIRATION DATE: 12/05/2004

POLICY DEDUCTIBLE INFORMATION

DEDUCTIBLE LIMIT: \$250,000 DEDUCTIBLE TYPE: MEDICAL & INDEMNITY ALAE INCLUDED IN DED. RECOVERY: YES, COMBINED
DEDUCTIBLE AGGREGATE APPLICABLE: YES DEDUCTIBLE AGGREGATE AMOUNT: \$2,200,000
DEDUCTIBLE AGGREGATE APPLICABLE TO MULTIPLE POLICIES OR POLICY YEARS: NO

COMMENTS:

DEDUCTIBLE LIMIT NOT APPLICABLE IN THE STATES OF: WI
DEDUCTIBLE LIMIT OR ALAE VARIES IN OTHER STATES COVERED UNDER THIS POLICY: NOT APPLICABLE

POLICY BILLING INFORMATION

TOTAL BILLABLE TO DATE: \$430,060.15 PRIOR BILLABLE: \$457,084.63 BILLABLE THIS MONTH: \$-27,024.48

NOTE: COVER PAGE DEDUCTIBLE PARAMETERS ARE VALUED AS OF JAN, 2011

Gina M. Pontoriero
Senior Corporate Counsel

305 Madison Avenue
P.O. Box 1973
Morristown, NJ 07962
Direct: (973) 490-6822
Fax: (973) 490-6849
E-Mail: gina_pontoriero@cfins.com

Via Federal Express

January 25, 2011

United States Bankruptcy Court
Southern District of New York
Manhattan Office
One Bowling Green
New York, NY 10004
212-668-2870

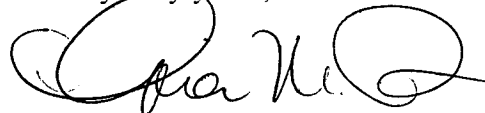
**Re: Comprehensive Medical Imaging, Inc.
Case No. 10-16567-ajg**

Dear Sir/Madam:

Enclosed is an original and two (2) copies of the Proof of Claim of Crum & Forster in the above action for filing. Please return a conformed copy in the enclosed, self-addressed envelope.

Thank you for your attention to this matter.

Very truly yours,



GINA M. PONTORIERO

Encls.