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2019 OCT 16 AM 10 21  
U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

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2019 OCT 16 AM 10 21  
04/19

U.S. BANKRUPTCY COURT  
MARY A. SCHOTT, CLERK

**Fill in this information to identify the case:**

Debtor 1 Jagged Peak Inc.

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Nevada

Case number 19-15959

**Official Form 410**  
**Proof of Claim**

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? Federal Insurance Company  
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?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Federal Insurance Company c/o CHUBB</u> Name _____ <u>436 Walnut Street - WA04K</u> Number Street _____ <u>Philadelphia PA 19106</u> City State ZIP Code _____ Contact phone <u>215-640-2921</u> Contact email <u>adrienne.logan@chubb.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p>
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4. Does this claim amend one already filed?  
 No  
 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?  
 No  
 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?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 1 5 4

7. How much is the claim? \$ 7,422.50. Does this amount include interest or other charges?  No  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 health care information.  
Insurance Policy w/future premium installment(s)

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 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) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?  No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$3,025* 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 \$13,650*) 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 4/01/22 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 10/15/2019  
MM / DD / YYYY

  
Signature

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

Name Adrienne M. Logan  
First name Middle name Last name

Title Legal Analyst

Company Federal Insurance Company c/o CHUBB  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 436 Walnut Street - WA04K  
Number Street

Philadelphia PA 19106  
City State ZIP Code

Contact phone 215-640-2921 Email adrienne.logan@chubb.com

**ATTACHMENT TO PROOF OF CLAIM OF**  
**Federal Insurance Company**  
**Great Northern Insurance Company**  
**Pacific Indemnity Company**  
**Jagged Peak, Inc., Debtor**  
**USBC District of Nevada**  
**Docket No. 19-15959**

Federal Insurance Company, Pacific Indemnity Company, Great Northern Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers") issued the following Insurance Policies for the following Policy periods covering Debtor, Jagged Peak, Inc. ("Debtor"):

<b>Policy No.:</b>	<b>Insurer</b>	<b>Type</b>	<b>Effective Dates</b>	<b>Owed</b>
79865154	Federal Insurance Company	Excess & Umbrella	02/16/2019 – 03/31/2020	\$7,422.50
73581532	Great Northern Insurance Co.	Automobile	02/16/2019 – 03/31/2020	\$8,384.36
35798636	Pacific Indemnity Company	Liability Package	08/30/2016 – 10/20/2016	\$26,242.25

Insurers may also be parties to certain other agreements with the Debtor related to such insurance coverages or in connection with such insurance coverages (collectively, the "Agreements"). The documents supporting this proof of claim are voluminous and contain confidential and privileged materials. Copies of such documents are or should be in the possession of the Debtor. However, Insurers will provide copies of the redacted Policies (and/or the Agreements) upon request.

Insurers may hold claims that may presently be unliquidated for any and all rights to payment, rights to receive performance, actions, defenses, setoffs and/or recoupments arising from, related to, or in connection with any and all of Debtor's (and any other named and/or additional insureds') duties and obligations under the terms of the Policies.

Insurers reserve the right to amend, update, supplement, modify, increase or otherwise further liquidate this proof of claim from time to time for any reason necessary to accurately reflect the amount or nature of the claims being asserted. To the extent that Insurers may have rights against another related Debtor of which they are not presently aware, or such other related Debtors' claims rights to, or an interest in, the Policies, this proof of claim should be deemed filed in each such separate cases. Insurers further reserve (i) the right to assert separate requests for payment of administrative expense or other priority claims under section 503 (a) of the Bankruptcy Code against Debtors(s) if, as and when the Policies and/or the Agreements are determined to be executory contracts within the meaning of section 365 of the Bankruptcy Code; (ii) the right to request adequate protection of their interests in the Policies, and/or the Agreements and/or otherwise; (iii) the right to assert any claims which may arise in any subsequent litigation regarding any aspect of the Policies, the Agreements or otherwise; and/or (iv) the right to assert any such claims which are otherwise warranted under the circumstances.

This proof of claim shall not be deemed to be a waiver of, and is without prejudice to, any and all of Insurers' rights, claims and/or defenses of any nature whatsoever under the Policies, the Agreements, the Bankruptcy Code and/or any otherwise applicable law.

## District of Nevada Claims Register

[19-15959-mkn JAGGED PEAK, INC., A NEVADA CORPORATION](#)

**Judge:** MIKE K. NAKAGAWA      **Chapter:** 11  
**Office:** Las Vegas                      **Last Date to file claims:** 01/15/2020  
**Trustee:**                                      **Last Date to file (Govt):** 03/16/2020

<p><i>Creditor:</i> (10971354)          FEDERAL INSURANCE          COMPANY C/O CHUBB          436 WALNUT STREET -          WA04K          PHILADELPHIA, PA          19106</p>	<p><b>Claim No: 28</b>  <i>Original Filed</i>          Date: 10/22/2019  <i>Original Entered</i>          Date: 10/22/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> BMC GROUP, INC.          (1)  <i>Modified:</i></p>
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Amount claimed: \$7422.50

*History:*

[Details](#)    [28-1](#) 10/22/2019 Claim #28 filed by FEDERAL INSURANCE COMPANY C/O CHUBB, Amount claimed: \$7422.50 (BMC GROUP, INC. (1))

*Description:* (28-1) Goods sold

*Remarks:* (28-1) US BANKRUPTCY COURT RECEIVED 10/16/2019

### Claims Register Summary

**Case Name:** JAGGED PEAK, INC., A NEVADA CORPORATION  
**Case Number:** 19-15959-mkn  
**Chapter:** 11  
**Date Filed:** 09/16/2019  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$7422.50
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		