

Fill in this information to identify the case:Debtor East Coast Mechanical, LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-10373**Modified Official Form 410
Proof of Claim****12/24**

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 or 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?	Amerisure Mutual 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 <u>See summary page</u>	
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Amerisure Mutual Insurance Company Timothy W. Brink Meltzer Purtill and Stelle LLC 125 South Wacker Drive, Suite 2900 Chicago, Illinois 60606	
	Contact phone <u>3124614335</u>	Contact phone _____
	Contact email <u>tbrink@mpsllaw.com</u>	Contact email _____
	Uniform claim identifier (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>4231</u> <u> </u> <u> </u>
7. How much is the claim?	\$ <u>Undetermined</u> Does this amount include interest or other charges? <input 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 health care information. <u>Insurance</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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 checked="" type="checkbox"/> Other. Describe: <u>Letter of Credit; Loss Fund</u> Basis for perfection: <u>Possession</u> 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: <u>\$135,000.00</u> Amount of the claim that is secured: <u>\$Undetermined</u> Amount of the claim that is unsecured: <u>\$Undetermined</u> (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ <u> </u> Annual Interest Rate (when case was filed) <u> </u> % <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. \$ <u> </u>
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: <u>Letter of Credit proceeds; Loss Fund</u>



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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

☒ No

☐ Yes. Check all that apply:

☐ 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

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) 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).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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)(3) 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 acknowledgement 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 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 06/10/2025
MM / DD / YYYY

/s/Timothy W. Brink
Signature

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

Name Timothy W. Brink
First name Middle name Last name

Title Partner

Company Meltzer Purtill and Stelle LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7076 | International (310) 751-2650

Debtor: 25-10373 - East Coast Mechanical, LLC District: Northern District of Georgia, Newnan Division		
Creditor: Amerisure Mutual Insurance Company Timothy W. Brink Meltzer Purtill and Stelle LLC 125 South Wacker Drive Suite 2900 Chicago, Illinois, 60606 Phone: 3124614335 Phone 2: Fax: Email: tbrink@mpslaw.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor: Amerisure Insurance Company; Amerisure Partners Insurance Company	Amends Claim: No Acquired Claim: No	
Basis of Claim: Insurance	Last 4 Digits: Yes - 4231	Uniform Claim Identifier:
Total Amount of Claim: Undetermined	Includes Interest or Charges: None	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: Undetermined Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: Yes, Letter of Credit proceeds; Loss Fund	Nature of Secured Amount: Other Describe: Letter of Credit; Loss Fund Value of Property: 135,000.00 Annual Interest Rate: Arrearage Amount: Basis for Perfection: Possession Amount Unsecured: Undetermined	
Submitted By: Timothy W. Brink on 10-Jun-2025 10:34:26 a.m. Pacific Time Title: Partner Company: Meltzer Purtill and Stelle LLC		



EAST COAST MECHANICAL INC
1500 N. HIGH RIDGE RD.
BOYNTON BEACH, FL 33426

ACCOUNT/POLICY NUMBER	INVOICE DATE
44074231	08/08/24
AGENT: BOWEN MICLETTE & BRITT OF FLORIDA 846507	
FOR BILLING INQUIRIES PLEASE CALL: Nicole Kaminski 800-257-1900 ext 54070	

For the safety and security of our policyholders, Amerisure would never :
- Solicit banking information over the phone or in an email
- Request a wire payment for premium due

INVOICE

Policy Number	Description	Debit	Credit
<u>Policy Eff. 1/1/18 - 1/1/19</u>			
GL 2067250 08 01	Retrospective Premium valued 6/30/23	\$ -	
WC 2067252 08 01	Retrospective Premium valued 6/30/23	\$ 87.98	
<u>Policy Eff. 1/1/19 - 1/1/20</u>			
GL 2067250 09 01	Retrospective Premium valued 6/30/23		\$ 0.01
WC 2067252 09 01	Retrospective Premium valued 6/30/23		\$ 0.09
<u>Policy Eff. 1/1/20- 1/1/21</u>			
GL 2067250 10 01	Retrospective Premium valued 6/30/24		\$ -
WC 2067252 10 01	Retrospective Premium valued 6/30/24	\$ 0.01	
	Account Overage		\$ 1,126.27
<u>Balance Due Insured</u>		<u>(\$1,038.38)</u>	

By Mail:

Amerisure Mutual Insurance
Dept. #78226
PO Box 78226
Detroit, MI 48278-0226

Amerisure Insurance Billing Information

Account Balance	Represents the total Account Balance remaining to be paid as of the statement date as indicated at the top of the first page of this invoice. You can pay your Account Balance at any time.
Previous Due	The Total Due on the previous invoice.
Payments Received	Payments Received since the last invoice.
Credits Applied	Credits from premium or loss transactions applied to the Previous Due.
Current Due	Represents charges billed for the current invoice period.
Past Due	Remaining unpaid balance due from the previous invoice.
Total Due	Represents both Current Due and Past Due amounts and represents the amount due to continue coverage.
Payments and Adjustments Applied	Credits and payments from previous invoices applied to the current activity, reducing the Current Due.
Due Date	Payment must be received by this date for insurance coverage to remain in effect.
Payment Application	Payments will be applied to the oldest billed item first on the account, including collateral, premium and losses billed. Payments less than the Total Due may result in cancellation for non- payment.
Returned Checks	We may assess a fee on any checks returned by your financial institution. If payment is returned on a cancellation, the original cancellation date remains in
Cancellation Status**	If you have received a cancellation notice for your policy, the receipt of an invoice after the notice of cancellation does not change the cancellation of your policy or the effective date of such cancellation. The notice of cancellation will only be rescinded by a formal rescission notice.
Credit Forward	This amount is included in the Account Balance and will be applied to future charges, unless a refund is requested. If a refund is issued, the Account Balance
Current Policy Term Activity	Premium charges for your current in-force policies.
Previous Policy Term Activity	Premium charges for a previous policy term.
Loss Reimbursement Activity	The amount owed for claims paid on your behalf, as part of a deductible endorsement. For detailed loss information please see your loss reimbursement
Required Security	Certain insurance programs require collateral for security purposes.
EZ Pay Customer Portal	Please visit amerisure.com to view electronic billing documents, make payment, enroll in automatic payments, receive notifications and enroll in paperless billing. Certain insurance programs require collateral for security purposes.

By Mail:

Amerisure Mutual Insurance
Dept. #78226
PO Box 78226
Detroit, MI 48278-0226



Retrospective Adjustment Summary Statement

Statement Date: 06/12/2024

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507

Bowen Miclette & Britt of Florida,
LLC

850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Account Number: [REDACTED]

Master Program Number: 1474

Total Amount: \$87.98

Program Term	Program Type	Amount
01/01/2018-01/01/2019	Paid-Loss	\$87.98

This is not an invoice. Any premium charge or return will be reflected on your next invoice.

Billing Contact Information:

NICOLE KAMINSKI

248-615-8393

nkaminski@amerisure.com



Retrospective Adjustment Statement

Statement Date: 06/12/2024
Valuation Date: 06/30/2023

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507
Bowen Miclette & Britt of Florida, LLC
850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Program Effective: 01/01/2018 - 01/01/2019

Program Type: Paid-Loss

Maximum Retrospective Factor: 1.1000
Maximum Retrospective Premium: \$345,225.10

Premium

	Subject Standard Premium	Basic Factor	Tax Factor	Calculated Minimum Premium	Non - Subject Premium	Minimum Premium Obligation (A)
GL 20672500801	\$86,095.00	0.4510	1.0290	\$39,954.88	\$375.00	\$40,329.88
WC 20672520801	\$227,746.00	0.4510	1.0290	\$105,692.14	\$1,700.00	\$107,392.14
Program Total	\$313,841.00			\$145,647.02	\$2,075.00	\$147,722.02

Losses

	Incurred Losses (within program limits)	LCF	Tax Factor	Converted Losses 06/30/2023 (B)
GL 20672500801	\$0.00	1.1000	1.0290	\$0.00
WC 20672520801	\$166,050.00	1.1000	1.0290	\$187,952.22
Program Total	\$166,050.00			\$187,952.22

Retrospective Adjustment

Program Total	
Retrospective Premium Amount (A + B)	\$335,674.24
Prior Minimum Premium Invoiced	\$147,722.02
Prior Loss Adjustment Invoiced	\$187,864.24
Retrospective Adjustment	\$87.98
Loss Containment	\$11,625.86



Policy Detail

	Retrospective Premium Amount (A + B)	Prior Minimum Premium Invoiced	Prior Loss Adjustment Invoiced	Retrospective Adjustment	Loss Limit
GL 20672500801	\$40,329.88	\$40,329.89	(\$0.01)	\$0.00	\$0.00
WC 20672520801	\$295,344.36	\$107,392.13	\$187,864.25	\$87.98	\$0.00

Claim Detail

Policy	Claim Number	Claimant Name	Claim Status	Current Amount	Prior Invoiced Amount
WC 20672520801	2152367	Green, Larry	closed	(\$22,156.65)	\$48,540.70
WC 20672520801	2158876	Trapani, Aaron	closed	(\$5,325.30)	\$11,739.76
WC 20672520801	2171977	Canales, Carlos	closed	(\$129,025.91)	\$281,892.04

Prior Minimum Premium Invoiced

Policy	Transaction Type	Invoiced Amount
GL 20672500801	Renewal Business	\$46,286.34
	Final Audit	(\$5,956.45)
	Total	\$40,329.89
WC 20672520801	Renewal Business	\$118,702.35
	Final Audit	(\$11,310.22)
	Total	\$107,392.13



Retrospective Adjustment Summary Statement

Statement Date: 07/07/2023

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507
Bowen Miclette & Britt of Florida,
LLC
850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Account Number: **1074231**

Master Program Number: 1474

Total Amount: -\$0.10

Program Term	Program Type	Amount
01/01/2019-01/01/2020	Paid-Loss	-\$0.10

This is not an invoice. Any premium charge or return will be reflected on your next invoice.

Billing Contact Information:

NICOLE KAMINSKI

248-615-8393

nkaminski@amerisure.com



Retrospective Adjustment Statement

Statement Date: 07/07/2023
Valuation Date: 06/30/2023

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507
Bowen Miclette & Britt of Florida, LLC
850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Program Effective: 01/01/2019 - 01/01/2020

Program Type: Paid-Loss

Maximum Retrospective Factor: 1.3000
Maximum Retrospective Premium: \$376,010.70

Premium

	Subject Standard Premium	Basic Factor	Tax Factor	Calculated Minimum Premium	Non - Subject Premium	Minimum Premium Obligation (A)
GL 20672500901	\$98,577.00	0.5151	1.0265	\$52,122.60	\$375.00	\$52,497.60
WC 20672520901	\$190,662.00	0.5151	1.0265	\$100,812.56	\$1,726.00	\$102,538.56
Program Total	\$289,239.00			\$152,935.16	\$2,101.00	\$155,036.16

Losses

	Incurred Losses (within program limits)	LCF	Tax Factor	Converted Losses 06/30/2023 (B)
GL 20672500901	\$0.00	1.1000	1.0265	\$0.00
WC 20672520901	\$143,862.52	1.1000	1.0265	\$162,442.51
Program Total	\$143,862.52			\$162,442.51

Retrospective Adjustment

Program Total	
Retrospective Premium Amount (A + B)	\$317,478.67
Prior Minimum Premium Invoiced	\$155,036.19
Prior Loss Adjustment Invoiced	\$162,442.58
Retrospective Adjustment	(\$0.10)
Loss Containment	\$60,633.03



Policy Detail

	Retrospective Premium Amount (A + B)	Prior Minimum Premium Invoiced	Prior Loss Adjustment Invoiced	Retrospective Adjustment	Loss Limit
GL 20672500901	\$52,497.60	\$52,497.61	\$0.00	(\$0.01)	\$150,000.00
WC 20672520901	\$264,981.07	\$102,538.58	\$162,442.58	(\$0.09)	\$150,000.00

Claim Detail

Policy	Claim Number	Claimant Name	Claim Status	Current Amount	Prior Invoiced Amount
WC 20672520901	2191446	Rubio, Jaime	closed	(\$0.02)	\$53,101.93
WC 20672520901	2199284	Falconer, Ron	closed	\$0.01	\$5,105.94
WC 20672520901	2206399	Palmer, John	closed	\$0.01	\$27,634.90
WC 20672520901	2218430	Johnson, Taron	closed	(\$0.07)	\$48,304.17

Prior Minimum Premium Invoiced

Policy	Transaction Type	Invoiced Amount
GL 20672500901	Renewal Business	\$49,624.38
	Final Audit	\$2,873.23
	Total	\$52,497.61
WC 20672520901	Renewal Business	\$96,199.89
	Final Audit	\$6,338.69
	Total	\$102,538.58



Retrospective Adjustment Summary Statement

Statement Date: 07/09/2024

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507

Bowen Miclette & Britt of Florida,
LLC
850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Account Number: 1074231

Master Program Number: 1474

Total Amount: \$0.01

Program Term	Program Type	Amount
01/01/2020-01/01/2021	Paid-Loss	\$0.01

This is not an invoice. Any premium charge or return will be reflected on your next invoice.

Billing Contact Information:

NICOLE KAMINSKI

248-615-8393

nkaminski@amerisure.com



Retrospective Adjustment Statement

Statement Date: 07/09/2024
Valuation Date: 06/30/2024

East Coast Mechanical Inc
1500 N. High Ridge Rd.
Boynton Beach, FL 33426

0845507
Bowen Miclette & Britt of Florida, LLC
850 Concourse Pkwy S, Ste 105
Maitland, FL 32751

Program Effective: 01/01/2020 - 01/01/2021

Program Type: Paid-Loss

Maximum Retrospective Factor: 1.2000
Maximum Retrospective Premium: \$382,808.40

Premium

	Subject Standard Premium	Basic Factor	Tax Factor	Calculated Minimum Premium	Non - Subject Premium	Minimum Premium Obligation (A)
GL 20672501001	\$109,802.00	0.4632	1.0264	\$52,203.00	\$375.00	\$52,578.00
WC 20672521001	\$209,205.00	0.4632	1.0264	\$99,462.02	\$3,901.97	\$103,363.99
Program Total	\$319,007.00			\$151,665.02	\$4,276.97	\$155,941.99

Losses

	Incurred Losses (within program limits)	LCF	Tax Factor	Converted Losses 06/30/2024 (B)
GL 20672501001	\$2,038.09	1.1000	1.0264	\$2,301.09
WC 20672521001	\$0.00	1.1000	1.0264	\$0.00
Program Total	\$2,038.09			\$2,301.09

Retrospective Adjustment

Program Total

Retrospective Premium Amount (A + B)	\$158,243.08
Prior Minimum Premium Invoiced	\$155,941.98
Prior Loss Adjustment Invoiced	\$2,301.09
Retrospective Adjustment	\$0.01
Loss Containment	\$228,842.29



Policy Detail

	Retrospective Premium Amount (A + B)	Prior Minimum Premium Invoiced	Prior Loss Adjustment Invoiced	Retrospective Adjustment	Loss Limit
GL 20672501001	\$54,879.09	\$52,578.00	\$2,301.09	\$0.00	\$150,000.00
WC 20672521001	\$103,363.99	\$103,363.98	\$0.00	\$0.01	\$150,000.00

Claim Detail

Policy	Claim Number	Claimant Name	Claim Status	Current Amount	Prior Invoiced Amount
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Prior Minimum Premium Invoiced

Policy	Transaction Type	Invoiced Amount
GL 20672501001	Renewal Business	\$50,087.23
	Final Audit	\$2,490.77
	Total	\$52,578.00
WC 20672521001	Renewal Business	\$97,573.90
	Final Audit	\$5,790.08
	Total	\$103,363.98