Fill in this information to identify the case:				
Debtor	Devicescape Holdings, Inc.	_		
United States Ba	District of New York (State)			
Case number	22-10617			

## Official Form 410

Proof of Claim 04/22

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.

P	Identify the Clair	n		
1.	Who is the current creditor?	Federal Insurance Company c/o Chubb  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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
		See summary page	· · · · · · · · · · · · · · · · · · ·	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)			
		Contact phone 9085723016  Contact email brian.rawson@chubb.com	Contact phone Contact email	
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4.	Does this claim amend one already filed?	<ul><li>✓ No</li><li>✓ Yes. Claim number on court claims registry (if known)</li></ul>	Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		

Official Form 410 Proof of Claim

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:		
7.	How much is the claim?	\$ 674.00 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 premium		
9.	Is all or part of the claim secured?	No		
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:		

Official Form 410 Proof of Claim

12. Is all or part of the claim	<b>№</b> No			
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck 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	Dome 11 U.	estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	¢	
		\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$	
	Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
	Contr	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
	Other	r. 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 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)(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.	I am the trus I am a guara I understand that a the amount of the I have examined to I declare under per Executed on date  /s/Brian Raw Signature	ditor.  ditor's attorney or authorized agent.  tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  In an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct.    08/17/2022   MM / DD / YYYYY	ward the debt.	
	Name	The person who is completing and signing this claim:  Brian Rawson		
			name	
	Title	Legal Analyst		
	Company	<u>Chubb</u> Identify the corporate servicer as the company if the authorized agent is a servicer	<u> </u>	
	Address	, <u>-</u>		
	Contact phone	Email		



Official Form 410 Proof of Claim

## KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 201-2205 | International (310) 751-1839

Debtor:		
22-10617 - Devicescape Holdings, Inc.		
District:		
Southern District of New York, New York Division		
Creditor:	Has Supporting Doc	umentation:
Federal Insurance Company c/o Chubb		ng documentation successfully uploaded
202A Halls Mill Road - 2E	Related Document S	tatement:
Whitehouse Station, NJ, 08889	Has Related Claim:	
United States	No	
Phone:	Related Claim Filed I	Ву:
9085723016		
Phone 2:	Filing Party:	
FIIOTIC 2.	Authorized ag	ent
Fax:		
Email:		
brian.rawson@chubb.com		
Other Names Used with Debtor:	Amends Claim:	
	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Insurance premium	No	
Total Amount of Claim:	Includes Interest or Charges:	
674.00	No	
Has Priority Claim:	Priority Under:	
No		
Has Secured Claim:	Nature of Secured A	mount:
No	Value of Property:	
Amount of 503(b)(9):	Annual Interest Rate:	
No		
Based on Lease:	Arrearage Amount:	
No	Basis for Perfection:	
Subject to Right of Setoff:	Amount Unsecured:	
No		
Submitted By:		
Brian Rawson on 17-Aug-2022 9:25:57 a.m. Eastern Time		
Title:		
Legal Analyst		
Company:		
Chubb		

## ATTACHMENT TO PROOF OF CLAIM OF FEDERAL INSURANCE COMPANY

## Devicescape Holdings, Inc., Debtor USBC Southern District of New York Docket No. 22-10617

Federal Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers") issued the following Insurance Policies for the following Policy periods covering Debtor, Devicescape Holdings, Inc. ("Debtor"):

Policy No.:	Type	<b>Effective Dates</b>	Owed
36041559	Package	12/03/2019 - 12/03/2020	\$353.00
73595821	Auto	12/03/2019 - 12/03/2020	\$ 40.00
78183998	Umbrella	12/03/2019 - 12/03/2020	\$281.00

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; however, copies of the redacted Policies (and/or the Agreements) will be provided 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.