

Fill in this information to identify the case:

Debtor 1 Premier Kings, Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court **NORTHERN DISTRICT OF ALABAMA**
 Case number: **23-02871**

FILED

U.S. Bankruptcy Court
NORTHERN DISTRICT OF ALABAMA

8/14/2024

Joseph E. Bulgarella, Clerk

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 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?	<u>Bridgefield Casualty Insurance Company</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Bridgefield Casualty Insurance Company</u> Name PO Box 32034 Lakeland, FL 33802 Contact phone <u>8636656060</u> Contact email <u>gary.lesnick@summitholdings.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
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? _____	

Official Form 410

Proof of Claim

page 1



230287124081400000000001

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?	<div style="display: flex; justify-content: space-between;"><div><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:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">5953</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>122887.23</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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 healthcare information.</p> <p><u>Workers Compensation Insurance audited premium due</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal 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 type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> 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). <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)(<u> </u>) 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.		

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 8/14/2024
MM / DD / YYYY

/s/ Gary Lesnick

Signature

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

Name	<u>Gary Lesnick</u>		
	First name	Middle name	Last name
Title	<u>Financial Analysis Manager</u>		
Company	<u>Summit MGA for Bridgefield Casualty Insurance Co.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>PO Box 32034</u>		
	Number Street		
	<u>Lakeland, FL 33802</u>		
	City	State	ZIP Code
Contact phone	<u>8636656060</u>		Email <u>gary.lesnick@summitholdings.com</u>



Bridgefield Casualty Insurance Company®

MEMBER OF GREAT AMERICAN INSURANCE GROUP

Premier Kings Of Georgia Inc.
7078 Peachtree Industrial Blvd Ste 800
Peachtree Corners, GA 30071-1068

Workers' Comp Invoice

Amount Due \$122,980.38
Policy Number 0196-55953
Invoice Level Policy
Invoice Date 03/17/2024
Invoice ID 13059293



Customer Service: 800-282-7648
Review Policy/Make a Payment: www.summitholdings.com

Agency: Jencap Insurance Services Inc.

Agency Phone: 678-209-8900

Unit	State	Policy Term	Description	Due Date	EFT Draft Date	Amount Due
Current Invoice						
0100	GA	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	04/07/2024		\$92,107.02
0101	TN	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	04/07/2024		\$34,180.60
0102	SC	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	04/07/2024		\$(891.34)
0103	FL	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	04/07/2024		\$(2,415.90)

\$122,980.38

If payment has been made to satisfy the total due, please disregard this notice.

▼ Please fold, detach at perforation and return bottom portion with your payment in the enclosed envelope.

Invoice Date: 03/17/2024

Invoice ID: 13059293



Electronic Funds Transfer Authorization or Changes (See Reverse). EFT not available for WebCap Customers.

For Specific Due Date Reference Above

Policy Number 0196-55953

EFT Amount to Be Drafted (See Reverse)	Current Charges Due via Check/Online Payment	Past Due - Pay Immediately
\$0.00	\$122,980.38	\$0.00
Total		\$122,980.38

Amount Paid:

Bridgefield Casualty Insurance Company
P.O. Box 32034
Lakeland, FL 33802-2034

Premier Kings Of Georgia Inc.
7078 Peachtree Industrial Blvd Ste 800
Peachtree Corners, GA 30071-1068

Workers' Comp Invoice - Information Page

Cancellation/Termination: To maintain workers' compensation insurance coverage, payment must be received by Summit or its affiliates by the due date. Failure to make a payment by the due date may result in your policy being cancelled/terminated and possibly creating a lapse in coverage. Payment received after a notice of termination has been issued does not guarantee coverage or policy reinstatement.

Electronic Funds Transfer (EFT): If you have elected to be on the EFT program, all balances due will be drafted on the due date listed (or the next business day), including claims reimbursements and audit premium if applicable. Please note that the actual drafted amount may be less than the listed balance due if there is a credit that has yet to post to your account. If you would like to make changes to future EFT transactions, please contact Customer Service at 1-800-282-7648 or mark the appropriate box(es) below.

Credits: If your invoice reflects a credit balance, credits will be applied to any balances due. Remaining credits will be reviewed for refund.

Dishonored Payments: If a payment is not honored by your financial institution, we will charge a maximum \$20.00 returned check fee per instance, and your policy coverage may be cancelled/terminated for nonpayment of premium.

We appreciate your business.

Electronic Funds Transfer Authorization ☐ Change ☐ Effective Date of Change _____

Authorization is hereby granted to Summit Consulting LLC and its affiliates to initiate monthly deductions from the bank account listed below when the payments are due for this policy. By signing below, you are acknowledging that you are authorized to approve drafts from this bank account. This authorization is subject to the following conditions:

- * An Electronic Payment Deduction Notice will be mailed notifying of the amount and date to be drafted.
- * Authorization will remain in effect until Summit Consulting LLC receives a cancellation request from your organization.
- * We reserve the right to terminate the authorization at any time.

Financial Institution _____

ABA/Routing Number _____ Bank Account Number _____

Printed Name/Title _____

Signature _____ Date _____

Additional payments to be included in your EFT: Audit ☐ Claims ☐



MEMBER OF GREAT AMERICAN INSURANCE GROUP

Premier Kings Of Georgia Inc.
7078 Peachtree Industrial Blvd Ste 800
Peachtree Corners, GA 30071-1068

Workers' Comp Audit Summary

Policy Number 0196-55953
Invoice Level Policy
Invoice Date 03/17/2024
Invoice ID 13059293



Contact Us

Customer Service: 800-282-7648
Review Policy/Make a Payment: www.summitholdings.com

Agency: Jencap Insurance Services Inc.

Agency Phone: 678-209-8900

The audit for this policy term has been completed. The results are as follows:

Unit	State	Policy Term	Description	Audited Premium	Payments/Credits Applied	Audit Results
100	GA	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	\$652,659.00	\$560,551.98	\$92,107.02
101	TN	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	\$42,187.86	\$8,007.26	\$34,180.60
102	SC	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	\$34,947.54	\$35,838.88	\$(891.34)
103	FL	09/07/2022-09/07/2023	Workers' Comp Policy - CAP Audit	\$75,594.33	\$78,010.23	\$(2,415.90)

This is your Audit Summary.

Refer to the enclosed Workers' Comp Invoice for the amount due.