Fill in this information to identify the case:

Debtor 1 Achaogen, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 19-10844 (BLS)

Official Form 410

Proof of Claim

04/16

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)

Where should notices to the creditor be sent?

Federal Insurance Company c/o Chubb
Name

436 Walnut Street - 4th. Floor
Number Street

Philadelphia PA 19106
City State ZIP Code

Contact phone (215) 640-1778

Contact email joy.bernstein@chubb.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

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? _____

☑ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return



19108441907220000000000014

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?** $ 1,216.00 **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 & Premium Audit Provision

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.)

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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)?**

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 one:*

Amount entitled to priority

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). $_____

☐ Up to $2,850* 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 $12,850*) 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 4/01/19 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 07/19/2019
MM / DD / YYYY

X _____
Signature

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

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Name: Sherron (First name) Rowe-Hohn (Last name)

Title: Legal Analyst - Global Legal

Company: Chubb
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 202A Hall's Mill Road - 2E
Number Street

Whitehouse (City) NJ (State) 08889 (ZIP Code)

Contact phone: 908-903-3053 Email: srowehohn@chubb.com

Chubb
202A Hall's Mill Rd., 2E
Whitehouse Station, New Jersey 08889
USA

Ph. 908- 903-3053
Fx 908 572-4052
E Srowehohn@chubb.com

July 19, 2019

UPS OVERNIGHT DELIVERY SERVICE

CHUBB

Achaogen Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway - Suite 300
El Segundo, CA 90245

Re: Achaogen, Inc., Debtor
United States Bankruptcy Court - District of Delaware;
Docket No.: 19-10844 (BLS)

Dear Sir/Madam:

Enclosed for filing is the Proof of Claims and attachment for **Federal Insurance Company,** an affiliate of Chubb. Also enclosed is a copy of the first page of the Proof of Claims, which I ask that you would kindly date-stamp and return to me in the enclosed pre-addressed, postage paid envelope. Kindly advise should you have any questions.

Thank you for your courtesies in this regard.

Very truly yours,

Sherron Rowe-Hohn

/SRH
cc: Joy J. Bernstein, Esq.
Adrienne M. Logan
Brian R. Rawson

Enclosure

ATTACHMENT TO PROOF OF CLAIM OF
Federal Insurance Company
In re: Achaogen, Inc.,Debtor
USBC - District of Delaware; Docket No.: 19-10844 (BLS)

Federal Insurance Company and/or any other Chubb Group Insurers (collectively "Insurers") issued the following Insurance Policies for the following Policy periods covering Achaogen, Inc., and its Affiliates, and any other debtors that filed for Chapter 11 bankruptcy and whose cases are being jointly administered with that of Case No.19-10844-BLS collectively ("Debtors"). Insurers have incurred the following outstanding balances and may in the future have contingent and/or unliquidated claims as follows:

Insured	Insurer	Policy Type	Policy Number	Effective Periods	Amount Due
Achaogen, Inc.	Federal Insurance Company	Automobile	7355935	06/30/2019 to 6/30/2020	$1216.00
Achaogen, Inc.	Federal Insurance Company	Property Package	35894131	02/01/2019 to 02/01/2020	Unliquidated Premium

Insurers may also be parties to certain other agreements with the Debtor related to such insurance coverage or in connection with such insurance coverage (collectively, the "Agreements"). The documents supporting this proof of claims 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 these proofs 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 other related debtors of which they are not presently aware, or such other related debtors claim rights to, or an interest in, the Policies, these proofs 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 debtor(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 claims 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.

PREMIUM STATEMENT

Policy Number (19)7355-93-05

Company FEDERAL INSURANCE COMPANY

Insured ACHAOGEN, INC.

Address: 1 TOWER PLACE SUITE 300

SOUTH SAN FRANCISCO
CA 94080-

Agent/Broker: AON RISK INSURANCE SERVICES WEST, INC.
425 MARKET ST. #2800
SAN FRANCISCO CA 94105-0000

Annual or Deposit Premium for Period:

From: 06-30-2019 ***To:*** 06-30-2020

Endorsement Date: 06-30-2019

Coverage	Premium
AUTOMOBILE	$ 1,216.00
(Including Taxes, Surcharges & Fees)	

The Kentucky Municipal Premium Tax is the only Tax, Surcharge or Fee on which the producer may receive commission.

No commission may be taken on CIGA, Kentucky Surcharge, FHCFEA, MAIF, MCCA, MIGA, NYMVF, NCRF, OIGA, PLIGA, PRCIGA, SCPPRFC, TXTPAF, or WVPS. - See forms 16-02-0209 and 16-10-0116 for details for each Tax, Surcharge and/or Fee.

TOTAL AMOUNT ON WHICH COMMISSION IS PAID	$ 1,216.00
COMMISSION	16.5%

Authorized Representative