

Debtors

Claim #170 Date Filed: 3/2/2026

FILED: BANKRUPTCY: NJB  
2026 MAR 2 PM 2:06:14  
*Moham*

Fill in this information to identify the case:

Debtor 1 Multi-Color Corporation

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

United States Bankruptcy Court for the: District of New Jersey (Trenton)

Case number 26-10910

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 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? American Casualty Co. of Reading PA & The Continental Ins. Co.  
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?	Where should payments to the creditor be sent? (if different)
<u>CNA Insurance Company</u> Name	<u>CNA Insurance Company</u> Name
<u>500 Colonial Center Parkway</u> Number Street	_____ Number Street
<u>Lake Mary FL 32746</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>N/A</u>	Contact phone <u>N/A</u>
Contact email <u>N/A</u>	Contact email <u>N/A</u>

Uniform claim identifier (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? \_\_\_\_\_

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261091026030200000000024  
page 1

**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 0 3 7

7. How much is the claim? \$ 178,100.00. 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 Policies

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: \_\_\_\_\_

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

No

Yes. Check one:

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.

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

\$ \_\_\_\_\_

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.

**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.

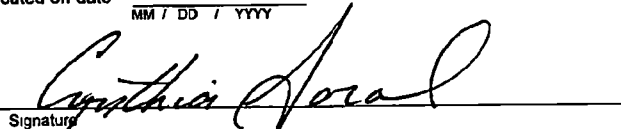
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an 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 02/24/2026  
MM / DD / YYYY

  
Signature

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

Name Cynthia Renee Goral  
First name Middle name Last name

Title Legal Specialist

Company CNA Insurance Company  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Colonial Center Parkway  
Number Street

Lake Mary FL 32746  
City State ZIP Code

Lake Mary FL 32746  
City State ZIP Code

Contact phone 407-804-5854 Email Cynthia.Goral@cna.com

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**Business Auto Policy  
Policy Schedule**

**PAYMENT PLAN SCHEDULE**

<b>PAYMENT PLAN SCHEDULE</b>		
<b>IT IS AGREED THAT THE TOTAL PREMIUM SHOWN IN THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:</b>		
<b>Effective Date</b>	<b>Premium</b>	
09/30/2025	\$26,514.56	
12/30/2025	\$17,929.00	
03/30/2026	\$17,929.00	
06/30/2026	\$17,929.00	
<b>Total Cost</b>	<b>\$80,301.56</b>	

Form No: CNAB4401XX (12-2015)  
Policy Schedule Page: 1 of 1

Underwriting Company: American Casualty Company of Reading, Pennsylvania, 151 N Franklin St,  
Chicago, IL 60606

Policy No: BUA 7040314921  
Policy Effective Date: 09/30/2025



151 N. Franklin St.  
Chicago, IL 60606

Policy Number	From	Policy Period	To	Coverage Is Provided By	Agency
C7040273447	09/30/25	09/30/26		American Casualty Co of Reading, PA	074646030
Named Insured And Address				Agent	
LABELS BUYER, LLC. 6111 N RIVER RD FL 8 ROSEMONT, IL 60018-5158				AON RISK SERVICES NORTHEAST, INC. ONE LIBERTY PLAZA 165 BROADWAY STE 3201 NEW YORK, NY 10006	

\*\* PAYMENT PLAN SCHEDULE \*\*

IT IS AGREED THAT THE TOTAL ESTIMATED PREMIUM SHOWN IN  
THE DECLARATIONS OF THIS POLICY IS PAYABLE AS FOLLOWS:

EFFECTIVE DATE	PREMIUM
09/30/2025	\$64,238.00
12/30/2025	\$43,473.00
03/30/2026	\$43,473.00
06/30/2026	\$43,473.00
TOTAL PREMIUM	\$194,657.00

ISSUE DATE 09/29/25





**CNA Paramount Excess and Umbrella Liability  
Policy Declarations**

**POLICY DECLARATIONS**

**Named Insured and Mailing Address**

**Named Insured:**  
LABELS BUYER, LLC.

**Mailing Address:**  
6111 N RIVER RD FL 8  
ROSEMONT, IL 60018-5158

**Policy Information**

**Policy Number:** 7040282360  
**Renewal of:** 7040282360  
**Insurer's Name and Address:**  
The Continental Insurance Company  
151 N Franklin St  
Chicago, IL 60606

**Producer Information**

**Producer:**  
AON RISK SERVICES NORTHEAST, INC.  
165 BROADWAY STE 3201  
ONE LIBERTY PLAZA  
NEW YORK, NY 10006-1404  
**Producer Code:** 030-074646

**Policy Period**

09/30/2025 to 09/30/2026 at 12:01 a.m. Standard Time at your mailing address.

**Limits of Insurance**

Each Incident Limit	\$15,000,000
Aggregate Limit	\$15,000,000
Aggregate Products-Completed Operations Hazard Limit	\$15,000,000
Policy Aggregate Limit	\$15,000,000
Crisis Management Expenses Aggregate Limit	\$300,000
Key Employee Replacement Expenses Aggregate Limit	\$100,000

**Self-Insured Retention**

Self-Insured Retention \$10,000

Form No: CNA75501XX (03-2015)  
Policy Declarations Page: 1 of 5  
Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: CUE 7040282360  
Policy Effective Date: 09/30/2025  
Policy Page: 21 of 75



**CNA Paramount Excess and Umbrella Liability  
Policy Declarations**

<b>Schedule of Underlying Insurance</b>			
<b>Underlying Insurer Policy Number Policy Period Note:</b>	<b>Underlying Insurance</b>	<b>Coverages</b>	<b>Limits of Insurance</b>
American Casualty Company of Reading, Pennsylvania  7040273447  09/30/2025 to 09/30/2026	General Liability	Each Occurrence Limit  Policy Aggregate Limit  General Aggregate Limit  Per Location : yes  Per Project : no  Products/ Completed Operations Aggregate Limit  Personal and Advertising Injury Liability Limit	\$1,000,000  \$15,000,000  \$2,000,000     \$2,000,000  \$1,000,000
American Casualty Company of Reading, Pennsylvania  7040273447  09/30/2025 to 09/30/2026	Employee Benefits Liability	Each Employee Limit  Aggregate Limit	\$1,000,000  \$1,000,000
American Casualty Company of Reading, Pennsylvania  7040314921  09/30/2025 to 09/30/2026	Auto Liability	Combined Single Limit	\$1,000,000

Form No: CNA75501XX (03-2015)  
Policy Declarations Page: 2 of 5

Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: CUE 7040282360  
Policy Effective Date: 09/30/2025  
Policy Page: 22 of 75



**CNA Paramount Excess and Umbrella Liability  
Policy Declarations**

<b>Schedule of Underlying Insurance</b>			
<b>Underlying Insurer Policy Number Policy Period Note:</b>	<b>Underlying Insurance</b>	<b>Coverages</b>	<b>Limits of Insurance</b>
Travelers Property Casualty Co of Amer  UB-1X896553-25-51-R  09/30/2025 to 09/30/2026	Employers Liability	Bodily Injury by Accident- Each Accident Limit  Bodily Injury by Disease - Policy Limit  Bodily Injury by Disease - Each Employee Limit	\$1,000,000  \$1,000,000  \$1,000,000
Travelers Property Casualty Co of Amer  UB-1X896854-25-51-K  09/30/2025 to 09/30/2026	Employers Liability	Bodily Injury by Accident- Each Accident Limit  Bodily Injury by Disease - Policy Limit  Bodily Injury by Disease - Each Employee Limit	\$1,000,000  \$1,000,000  \$1,000,000

Form No: CNA75501XX (03-2015)  
Policy Declarations Page: 3 of 5

Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: CUE 7040282360  
Policy Effective Date: 09/30/2025  
Policy Page: 23 of 75



**CNA Paramount Excess and Umbrella Liability  
Policy Declarations**

<b>Schedule of Underlying Insurance</b>			
<b>Underlying Insurer Policy Number Policy Period Note:</b>	<b>Underlying Insurance</b>	<b>Coverages</b>	<b>Limits of Insurance</b>
AIG FOREIGN CASUALTY NATIONAL ACCOUNTS 800280779 09/30/2025 to 09/30/2026	Foreign General Liability	Each Occurrence Limit  General Aggregate Limit Per Location : no Per Project : no Products/ Completed Operations Aggregate Limit Personal and Advertising Injury Liability Limit	USD (\$)1,000,000  USD (\$)2,000,000  USD (\$)2,000,000 USD (\$)1,000,000
AIG FOREIGN CASUALTY NATIONAL ACCOUNTS 800280779 09/30/2025 to 09/30/2026	Foreign Employee Benefits Liability	EACH WRONGFUL ACT Aggregate Limit	USD (\$)1,000,000 USD (\$)1,000,000
AIG FOREIGN CASUALTY NATIONAL ACCOUNTS 800280780 09/30/2025 to 09/30/2026	Foreign Auto Liability	Each Accident Limit	USD (\$)1,000,000

Form No: CNA75501XX (03-2015)  
Policy Declarations Page: 4 of 5

Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606

Policy No: CUE 7040282360  
Policy Effective Date: 09/30/2025  
Policy Page: 24 of 75



**CNA Paramount Excess and Umbrella Liability  
Policy Declarations**

<b>Schedule of Underlying Insurance</b>			
<b>Underlying Insurer Policy Number Policy Period Note:</b>	<b>Underlying Insurance</b>	<b>Coverages</b>	<b>Limits of Insurance</b>
AIG FOREIGN CASUALTY NATIONAL ACCOUNTS 8375912 09/30/2025 to 09/30/2026	Foreign Employers Liability	Bodily Injury by Accident- Each Accident Limit  Bodily Injury by Disease - Policy Limit  Bodily Injury by Disease - Each Employee Limit	USD (\$)1,000,000  USD (\$)1,000,000  USD (\$)1,000,000

<b>Forms and Endorsements Attached to this Policy</b>
<b>See SCHEDULE OF FORMS AND ENDORSEMENTS</b>

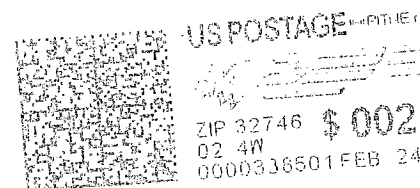
<b>Premium</b>	
Minimum Earned Premium	0% of the Total Premium
Total Premium	\$123,816.00
Premium includes the following amount for Certified Acts of Terrorism Coverage	\$1,226

<b>Notices</b>	
Notice to insurer	
Address:	CNA Claims Reporting P.O. Box 8317 Chicago, IL 60680-8317
Fax #:	800-446-8632
Email Address:	HPReports@CNA.com

Form No: CNA75501XX (03-2015) Policy Declarations Page: 5 of 5 Underwriting Company: The Continental Insurance Company, 151 N Franklin St, Chicago, IL 60606	Policy No: CUE 7040282360 Policy Effective Date: 09/30/2025 Policy Page: 25 of 75
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Policy Services Department  
P.O. Box 958487  
Lake Mary FL 32746



Clerk of the Bankruptcy Court  
402 East state street  
Trenton NJ 08608