

Fill in this information to identify the case:Debtor AFH Air Pros, LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-10356**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?	<u>Berkshire Hathaway GUARD 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 <u>AmGUARD Insurance Company</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? See summary page	Where should payments to the creditor be sent? (if different) See summary page
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
	Contact phone <u>5708259900</u>	Contact phone <u>5708259900</u>
	Contact email <u>jim.mccabe@guard.com</u>	Contact email <u>Jim.McCabe@guard.com</u>
	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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0393 ____

7. How much is the claim? \$ 49,993.50 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.

For Commercial Auto Insurance Coverage

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature or property:
☐ Real estate: If the claim is secured by the debtor's principle 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 amount 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: _____



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 06/20/2025
MM / DD / YYYY

/s/Jim McCabe
Signature

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

Name Jim McCabe
First name Middle name Last name

Title Collections Representative

Company Berkshire Hathaway GUARD Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box AH, Wilkes-Barre, PA, 18703, United States

Contact phone 5708259900 Email Jim.McCabe@guard.com



Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor: 25-10356 - AFH Air Pros, LLC District: Northern District of Georgia, Newnan Division		
Creditor: Berkshire Hathaway GUARD Insurance Company 39 Public Square Wilkes-Barre, PA, 18701 United States Phone: 5708259900 Phone 2: Fax: Email: jim.mccabe@guard.com	Has Supporting Documentation: No supporting documentation Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Berkshire Hathaway GUARD Insurance Company P.O. Box AH Wilkes-Barre, P, 18703 United States Phone: 5708259900 Phone 2: Fax: E-mail: Jim.McCabe@guard.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor: AmGUARD Insurance Company	Amends Claim: No Acquired Claim: No	
Basis of Claim: For Commercial Auto Insurance Coverage	Last 4 Digits: Yes - 0393	Uniform Claim Identifier:
Total Amount of Claim: 49,993.50	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	

Submitted By:

Jim McCabe on 20-Jun-2025 6:12:15 a.m. Pacific Time

Title:

Collections Representative

Company:

Berkshire Hathaway GUARD Insurance Company

Optional Signature Address:

P.O. Box AH

Wilkes-Barre, PA, 18703

United States

Telephone Number:

5708259900

Email:

Jim.McCabe@guard.com

**Additional Supporting
Documents Received on
07/28/25**

RECEIVED
JUL 28 2025
VERITA GLOBAL



251035625072800000000024

Fill in this information to identify the case:Debtor AFH Air Pros, LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-10356**Modified Official Form 410****Proof of Claim**

12/24

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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.

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1. Who is the current creditor?	Berkshire Hathaway GUARD Insurance Company	
	Name of the current creditor (the person or entity to be paid for this claim)	
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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? See summary page	Where should payments to the creditor be sent? (if different) See summary page
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
RECEIVED JUL 28 2025 VERITA GLOBAL		
Contact phone <u>5708259900</u> Contact phone <u>5708259900</u>		
Contact email <u>jim.mccabe@guard.com</u> Contact email <u>Jim.McCabe@guard.com</u>		
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	
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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>0393</u>
7.	How much is the claim?	\$ <u>49,993.50</u>	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).
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 health care information.</p> <p><u>For Commercial Auto Insurance Coverage</u></p>	
9.	Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><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 type="checkbox"/> Other. Describe: _____</div> 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 amount 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) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>	
10.	Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><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</div> <div><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)?

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).

☐ 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.

Amount entitled to priority

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☒ 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.

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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 06/20/2025
MM / DD / YYYY

/s/Jim McCabe
Signature

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

Name Jim McCabe
First name Middle name Last name

Title Collections Representative

Company Berkshire Hathaway GUARD Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box AH, Wilkes-Barre, PA, 18703, United States

Contact phone 5708259900 Email Jim.McCabe@guard.com



Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor: 25-10356 - AFH Air Pros, LLC		
District: Northern District of Georgia, Newnan Division		
Creditor: Berkshire Hathaway GUARD Insurance Company 39 Public Square Wilkes-Barre, PA, 18701 United States Phone: 5708259900 Phone 2: Fax: Email: jim.mccabe@guard.com		Has Supporting Documentation: No supporting documentation Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Creditor
Disbursement/Notice Parties: Berkshire Hathaway GUARD Insurance Company P.O. Box AH Wilkes-Barre, P, 18703 United States Phone: 5708259900 Phone 2: Fax: E-mail: Jim.McCabe@guard.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor: AmGUARD Insurance Company		Amends Claim: No Acquired Claim: No
Basis of Claim: For Commercial Auto Insurance Coverage		Last 4 Digits: Yes - 0393 Uniform Claim Identifier:
Total Amount of Claim: 49,993.50		Includes Interest or Charges: No
Has Priority Claim: No		Priority Under:
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No		Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:

Submitted By:

Jim McCabe on 20-Jun-2025 6:12:15 a.m. Pacific Time

Title:

Collections Representative

Company:

Berkshire Hathaway GUARD Insurance Company

Optional Signature Address:

P.O. Box AH

Wilkes-Barre, PA, 18703

United States

Telephone Number:

5708259900

Email:

Jim.McCabe@guard.com

Important Information



Air Pros, LLC
2801 Evans St
Hollywood, FL 33020-1119

Agency

MASSEY, CLARK, FISCHER, INC.
400 Executive Center Driv
Suite 205
West Palm Beach, FL 33401

Cancellation of Your Commercial Auto Policy with AmGUARD Insurance Company

Policy Number AIAU150393

At this time, we are forwarding the cancellation of the insurance policy shown above. As you can see, the information provided is self-explanatory and enables you to quickly review the transaction. We suggest you place the enclosed document with the balance of the policy. If you have any questions, please feel free to contact us at 800-673-2465.

Business Insurance Specialists

INTERNAL USE 12611
MGA : AIAU150393
Date : 05/13/2020
DECTO : I

Endorsement Recap

COMMERCIAL AUTO POLICY

Date: 05/13/2020

AmGUARD Insurance Company

Policy No.: AIAU150393

Renewal of: AIAU092068

CANCELLATION NOTICE

[1] **Named Insured and Mailing Address**

Air Pros, LLC
2801 Evans St
Hollywood, FL 33020-1119

[2] **Agency**

MASSEY, CLARK, FISCHER, INC.
400 Executive Center Driv
Suite 205
West Palm Beach, FL 33401
Agency Code: FLMCFI10

[3] **Policy Period**

From April 24, 2020 to April 26, 2020, 12:01 AM, standard time at the insured's mailing address.

The coverage provided by the policy number shown above is being CANCELLED effective April 26, 2020, 12:01 A.M., standard time at the insured's mailing address for the following reason:
Cancelled by Insured: Account insuring elsewhere.

Method of Cancellation:

Short Rate

Final Premium:

\$48,354



P.O. Box A-H
Wilkes-Barre, PA 18703-0020
570-825-9900
800-673-2465
www.guard.com

PRIVACY POLICY

Rev. August, 2019

WHAT DO BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES DO WITH YOUR PERSONAL INFORMATION?

FACTS	
Berkshire Hathaway GUARD Insurance Companies include: AmGUARD Insurance Company, AZGUARD Insurance Company, EastGUARD Insurance Company, NorGUARD Insurance Company, WestGUARD Insurance Company, GUARDCo, Inc., (a medical management affiliate).	
Why?	Financial Companies choose how they share your personal information. Federal and State law gives consumers the right to limit some, but not all, sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend upon the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security Number, date of birth, driving record, income • Credit history, credit-based insurance scores, insurance claim history, payment history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies may need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies share their customers' personal information; the reasons we choose to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION		Does Berkshire Hathaway GUARD share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, comply with government agency examinations/procedures, or report your creditworthiness.		Yes	No
For our marketing/processing purposes— to offer our products and services to you. (We may also disclose information received from you with companies that perform services for us.)		Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences.		Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness.		Yes	Yes
For our affiliates to market to you		Yes	Yes
For non-affiliates to market to you		Yes	Yes
To limit our sharing	<p>Call Customer Service at 1-800-673-2465 or visit us online at www.guard.com/privacy.</p> <p>Please note: If you are a new customer, we can begin sharing your information 30 days from the date we provided this notice. When you are no longer our customer, we continue to share your information as described in this notice in accordance with applicable law. However, you can contact us at any time to limit our sharing in accordance with the table above.</p>		
Questions?	Call Customer Service at 1-800-673-2465.		

Who we are	
Who is providing this notice?	Berkshire Hathaway GUARD Insurance Companies (including property and casualty licensees AmGUARD Insurance Company, AZGUARD Insurance Company, NorGUARD Insurance Company, EastGUARD Insurance Company, and/or WestGUARD Insurance Company as well as GUARDCo, Inc.) is providing this notice. References in this form to "us", "we" or "our" refers to these companies.
What we do	
How do we protect your personal information?	To protect your personal information from unauthorized access and use, we implement security measures that comply with applicable law. These measures include computer safeguards and secured files and buildings.
How do we collect your personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> • apply for insurance • pay insurance premiums • file an insurance claim • give us your income information • give us your contact information. <p>We also collect your personal information from others (such as credit bureaus, affiliates, or other companies) including, for example, from:</p> <ul style="list-style-type: none"> • your insurance agent or producer • your transactions with our affiliates listed below or other consumer reporting agencies.
Why can't I limit all sharing?	<p>Applicable law gives you the right to limit only:</p> <ul style="list-style-type: none"> • sharing for affiliates everyday business purposes – information about your creditworthiness and insurability • affiliates from using your information to market to you • sharing for non-affiliates to market to you.
What happens when I limit sharing for a policy I hold jointly with someone else?	Your choices will apply to everyone on your policy.
Definitions	
Affiliates	<i>Companies (other than the companies identified in "Facts" above) that are related to us by common ownership or control of Berkshire Hathaway Inc. Affiliates can be financial and nonfinancial companies.</i>
Non-affiliates	<i>Companies not related to us by common ownership or control, which can be financial and nonfinancial companies.</i>
Marketing	<i>The promotion or advertising of insurance products or services to you. Marketing partners may include, but are not limited to, insurance licensees such as insurance agents appointed by us or their affiliates.</i>
Other Important Information	
Important Information about Credit Reporting: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.	
For California Residents: If you opt out, we will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.	
For Vermont Residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures.	

Policy Number: AIAU150393

Customer ID: 3748859

Air Pros, LLC
2801 Evans St
Hollywood, FL 33020-1119

IMPORTANT MESSAGES

- In response to the ongoing COVID-19 crisis, various State insurance regulators, such as the New York State Department of Financial Services, have issued orders or emergency regulations that require insurers to provide temporary premium payment relief for policyholders experiencing financial hardships as a result of the COVID-19 pandemic. We have added a 30 day grace period for non-payment of premium and will allow up to an additional 15 days for receipt of payment, and we will not be assessing late fees during this time. As circumstances develop over the next few weeks, we will revisit and adjust this timing as needed. We will also continue to comply with any directives issued by state departments of insurance on billing issues. If you are experiencing financial hardship as a result of the COVID-19 pandemic, please call us at 800-673-2465 to discuss billing and make alternative payment arrangements.
- **SELF SERVICE IS AVAILABLE 24/7** on our *Policyholder Service Center* available from <https://policyholder.guard.com> or our BHGUARD mobile app.
- **TO PAY YOUR BILL ONLINE OR ENROLL IN OUR DIRECT DRAFT PROGRAM:** Log in at <https://policyholder.guard.com> and click "Billing & Payments" or from guard.com go to "Policyholders" and click Online Payments. **Easiest way to pay your bill - try our BHGUARD mobile app!**
- A fee of \$3.00 will be charged for each installment billed after the down payment. To avoid this fee, enroll in our Direct Draft Program.
- Questions? Call our Customer Service Representatives at 800-673-2465, or e-mail csr@GUARD.com. Or login to the Policyholder Service Center at <https://policyholder.guard.com> and **chat with a representative**. Please provide the **Policy Number** or **Customer ID** shown at the top of this page when you call.

Register for our Policyholder Service Center at www.guard.com/pscregister/ or download the BHGUARD app today!

Download the BHGUARD app
**POLICYHOLDER
SERVICE CENTER**



POLICY COST DETAIL

Date	Transaction	Amount
03/24/2020	Beginning Premium	\$ 396,411.00
04/07/2020	Endorsement	\$ 25,689.00
04/30/2020	Endorsement	\$ 38,418.00
05/13/2020	Cancellation	\$(412,140.00)
	Total	\$ 48,378.00



Bill To:
Air Pros, LLC
2801 Evans St
Hollywood, FL 33020-1119

Customer ID: 3748859

Commercial Auto Insurance Premium Bill
For **Policy Number AIAU150393** as of 6/3/2020

Policy Cost: \$ 48,378.00
Billing Fees: \$ 3.00
Total Payments: \$ 0.00
Account Balance: \$ 48,381.00

Policy Period: 04/24/2020 - 04/26/2020
Carrier: AmGUARD Insurance Company
Agent: MASSEY, CLARK, FISCHER, I
561-478-1660

Policy Premium - Down Payment \$ 48,378.00
Installment Fee \$ 3.00

AMOUNT DUE IMMEDIATELY \$ 48,381.00

The down payment for your renewal policy is required by the due date shown for uninterrupted coverage to continue.

If not received, this policy will be canceled in accordance with state law.

Payment Terms: 10% Down Payment, 10 Monthly Installment(s)

Your policy has been canceled effective 04/26/2020. The amounts shown above were billed prior to the cancelation date and remain outstanding. **Please remit payment immediately.**

► Please see Important Messages on the back of this bill. ◀

Make your check payable to WestGUARD Insurance Company and remit with the coupon below.

REMITTANCE COUPON BELOW



Air Pros, LLC
2801 Evans St
Hollywood, FL 33020-1119

Policy Number: AIAU150393
Customer ID: 3748859

Due Date: 04/23/2020
Account Number: 01090121150393
Current Amount Due: \$ 48,381.00
Total Amount Due: \$ 48,381.00

Amount Enclosed \$


WestGUARD Insurance Company
PO BOX 785570
PHILADELPHIA, PA 19178-5570

04232020 010901211503938 048381000 048381000 9

Policy Number: AIAU232103

Customer Number: 8003218

AIR PROS LLC
17161 Alico Center Rd
Therese Deutsch
Fort Myers, FL 33967-6070

IMPORTANT MESSAGES

- SELF SERVICE IS AVAILABLE 24/7** on our Policyholder Service Center available from <https://policyholder.guard.com> or our BHGUARD mobile app.
- TO PAY YOUR BILL ONLINE OR ENROLL IN OUR DIRECT DRAFT PROGRAM:** Log in at <https://policyholder.guard.com> and click "Billing & Payments" or from guard.com go to "Policyholders" and click Online Payments. **Easiest way to pay your bill - try our BHGUARD mobile app!**
- Payments received after the due date may be subject to a \$10.00 late fee.
- Questions? Call our Customer Service Representatives at 800-673-2465, or e-mail csr@GUARD.com. Or login to the Policyholder Service Center at <https://policyholder.guard.com> and **chat with a representative**. Please provide the **Policy Number** or **Customer Number** shown at the top of this page when you call.

Register for our Policyholder Service Center at www.guard.com/pscregister/ or download the BHGUARD app today!

Download the BHGUARD app
**POLICYHOLDER
SERVICE CENTER**



POLICY COST DETAIL		
Date	Transaction	Amount
TRANSACTIONS PRIOR TO THOSE BELOW*		
		\$ 284,783.00
03/07/2022	Endorsement	\$ 71.00
03/07/2022	Endorsement	\$(71.00)
03/08/2022	Endorsement	\$ 12,187.00
03/11/2022	Endorsement	\$ 1,925.00
04/14/2022	Endorsement	\$(438.00)
04/19/2022	Endorsement	\$ 1,074.00
05/12/2022	Endorsement	\$ 498.00
05/13/2022	Endorsement	\$ 61.00
06/16/2022	Endorsement	\$ 43.00
03/13/2023	Endorsement	\$(7,044.00)
04/03/2023	Endorsement	\$(54.00)
04/28/2023	Endorsement	\$(342.00)
Total		\$ 292,693.00

*Only the 12 most recent transactions are display

PAYMENT DETAIL		
Date	Check #	Amount
01/11/2022	AIAU211537	\$ 146,319.68
04/18/2023	DIRECTDRAFT	\$ 146,745.32
04/19/2023	DRAFT RTND UNAUTHORI	\$(146,745.32)
04/28/2023	AIAU349658	\$ 1,801.00
05/10/2023	AIAU349658	\$ 504.00
06/27/2023	AIAU349658	\$ 105.00
10/25/2023	10232023	\$ 142,350.82
Total		\$ 291,080.50



Bill To:
AIR PROS LLC
17161 Alico Center Rd
Therese Deutsch
Fort Myers, FL 33967-6070

Customer Number: 8003218

Commercial Auto Insurance Premium Bill
For **Policy Number AIAU232103** as of 5/22/2024

Policy Cost: \$ 292,693.00
Billing Fees: \$ 0.00
Total Payments: \$(291,080.50)
Account Balance: \$ 1,612.50

Policy Period: 05/10/2021 - 05/10/2022
Carrier: AmGUARD Insurance Company
Agent: ASCENDANT UNDERWRITERS LL
305-820-4360

Installment Fee

\$(30.00)

AMOUNT DUE IMMEDIATELY

\$ 1,612.50

► Please see Important Messages on the back of this bill. ◀

Make your check payable to WestGUARD Insurance Company and remit with the coupon below.

REMITTANCE COUPON BELOW



Due Date:
Account Number: 01090121232103
Current Amount Due: \$ 1,612.50
Total Amount Due: \$ 1,612.50

Amount Enclosed \$

AIR PROS LLC
17161 Alico Center Rd
Therese Deutsch
Fort Myers, FL 33967-6070


WestGUARD Insurance Company
PO BOX 785570
PHILADELPHIA, PA 19178-5570

Policy Number: AIAU232103
Customer Number: 8003218

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