

Fill in this information to identify the case:

Debtor United Site Services, Inc.

United States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-23630

Modified Official Form 410

Proof of Claim

04/25

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.

Filets 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?	Liberty Mutual Insurance		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor <u>Liberty Insurance Corporation</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?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Liberty Mutual Insurance 175 Berkeley St Boston, MA 02116	Liberty Mutual Insurance PO Box 91012 Chicago, IL 60680	
	Contact phone _____	Contact phone _____	
	Contact email <u>See summary page</u>	Contact email _____	
	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 _____/_____/_____		
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?	<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>5338</u> ____
7. How much is the claim?	\$ <u>312.80</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?	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. <u>Insurance</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
	<input type="checkbox"/> Yes. Check all that apply:	
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<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 \$3,800* 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 \$17,150*) 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)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/28 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)?	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> 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 01/23/2026
MM / DD / YYYY

/s/ Jacquelyn Lawson

Signature

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

Name Jacquelyn Lawson
First name _____ Middle name _____ Last name _____

Title Receivables Analyst

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

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

Debtor: 25-23630 - United Site Services, Inc.		
District: District of New Jersey, Trenton Division		
Creditor: Liberty Mutual Insurance 175 Berkeley St Boston, MA, 02116 Phone: Phone 2: Fax: Email: jacquelyn.lawson@libertymutual.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Creditor	
	Disbursement/Notice Parties: Liberty Mutual Insurance PO Box 91012 Chicago, IL, 60680 Phone: Phone 2: Fax: E-mail:	
	DISBURSEMENT ADDRESS	
Other Names Used with Debtor: Liberty Insurance Corporation	Amends Claim: No Acquired Claim: No	
Basis of Claim: Insurance	Last 4 Digits: Yes - 5338	Uniform Claim Identifier:
Total Amount of Claim: 312.80	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount: Value of Property:	
Amount of 503(b)(9): No	Annual Interest Rate:	
Based on Lease: No	Arrearage Amount:	
Subject to Right of Setoff: No	Basis for Perfection: Amount Unsecured:	
Submitted By: Jacquelyn Lawson on 23-Jan-2026 7:32:45 a.m. Pacific Time		
Title: Receivables Analyst		
Company: Liberty Mutual Insurance		



UNITED SITE SERVICES INC
ATTN: JANIS ROBERTS
118 FLANDERS RD
WESTBOROUGH, MA 01581-1035

STATEMENT OF ACCOUNT
ACCOUNT NO. 4-435338-5200
ISSUE DATE 01/23/2026

DATE	INV/EXH	POLICY/EXPLANATION	AMOUNT
12/05/2025	11157923	WA7-64D-435338-016 Paid Losses	273.32
12/05/2025	11157923	WA7-64D-435338-014 Paid Losses	0.05 CR
12/05/2025	11157923	WA7-64D-435338-010 Paid Losses	0.20 CR
12/05/2025	11157923	WA7-64D-435338-014 Transfer Between Accounts	0.01 CR
12/05/2025	11157923	WA7-64D-435338-019 Paid Losses	0.04 CR
12/05/2025	11157923	WA7-64D-435338-016 Transfer Between Accounts	25.88
12/05/2025	11157923	WA7-64D-435338-018 Paid Losses	0.10 CR
12/05/2025	11157923	WA7-64D-435338-016 Allocated Expense	14.23
12/05/2025	11157923	WA7-64D-435338-017 Paid Losses	0.23 CR
Total Due			\$312.80

FOR COVERAGE QUESTIONS CALL OR WRITE YOUR LIBERTY MUTUAL INSURANCE OFFICE AT 973-533-6509
3 BECKER FARM ROAD ROSELAND, NJ 07068
FOR BILLING QUESTIONS CALL OR WRITE VALORIE PRATT AT 800-320-7582 EXT. 13752
LIBERTY MUTUAL INSURANCE BILLING AND COLLECTIONS, 100 LIBERTY WAY DOVER NH 03820-1525



PLEASE DETACH CAREFULLY AND SEND WITH PAYMENT

STATEMENT OF ACCOUNT

ACCOUNT NO. 4-435338-5200
ISSUE DATE 01/23/2026

AMOUNT PAID \$ _____

UNITED SITE SERVICES INC
ATTN: JANIS ROBERTS
118 FLANDERS RD
WESTBOROUGH, MA 01581-1035

LIBERTY MUTUAL INSURANCE
P.O. BOX 1449
NEW YORK, NY 10116-1449