

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re:

NEW ENGLAND MOTOR FREIGHT, INC., *et al.*,
Debtors.¹

Chapter 11

Case No. 19-12809 (JKS)

(Jointly Administered)

REQUEST FOR PAYMENT OF POST-PETITION AUTO-LIABILITY CLAIM

THIS FORM TO BE USED ONLY FOR CERTAIN ADMINISTRATIVE EXPENSE CLAIMS RELATED TO AUTOMOBILE ACCIDENTS INVOLVING THE DEBTORS (A "POST-PETITION AUTO-LIABILITY CLAIM")² OCCURRING ON OR AFTER FEBRUARY 11, 2019 THROUGH APRIL 9, 2019. FOR CLAIMS ARISING BEFORE FEBRUARY 11, 2019 (AND FOR SECTION 503(B)(9) CLAIMS), USE THE GENERAL PROOF OF CLAIM FORM

1. Name of claimant: _____

2. Name of Debtor claim asserted against (**check only one per claim form**):

_____ New England Motor Freight, Inc.
(Case No. 19-12809)

_____ Jans Leasing Corp.
(Case No. 19-12824)

_____ Eastern Freight Ways, Inc.
(Case No. 19-12812)

_____ NEMF World Transport, Inc.
(Case No. 19-12826)

_____ Apex Logistics, Inc.
(Case No. 19-12815)

_____ Mylar, LLC
(Case No. 19-12827)

_____ Hollywood Avenue Solar, LLC
(Case No. 19-12818)

_____ MyJon, LLC
(Case No. 19-12828)

¹ The Debtors in these chapter 11 cases and the last four digits of each Debtor's taxpayer identification number are as follows: New England Motor Freight, Inc. (7697); Eastern Freight Ways, Inc. (3461); NEMF World Transport, Inc. (2777); Apex Logistics, Inc. (5347); Jans Leasing Corp. (9009); Carrier Industries, Inc. (9223); Myar, LLC (4357); MyJon, LLC (7305); Hollywood Avenue Solar, LLC (2206); United Express Solar, LLC (1126); and NEMF Logistics, LLC (4666).

² "Post-Petition Auto Liability Claim" shall mean any claims arising on or after February 11, 2019 (the "Petition Date") through and including April 9, 2019 against the Debtors and their estates relating to or arising out of the Debtors' trucking and transportation operations, including, but not limited to: (i) personal injuries (including death and damages to property and/or environment); (ii) losses or asserted damages to property or others accepted for transportation by the Debtors pursuant to a bill of lading, shipping contract, shipping receipt or transportation agreement; and (iii) any and all claims caused by operations of a motor vehicle owned and/or operated by the Debtors, including truck, trailer or semi-trailer designed for use on public roads and used in the Debtors trucking and transportation operations.

_____ Carrier Industries, Inc.
(Case No. 19-12820)

_____ United Express Solar, LLC
(Case No. 19-12830)

_____ NEMF Logistics, LLC
(Case No. 19-12821)

3. Nature and description of the claim (you may attach a separate summary):

4. Date(s) claim arose: _____

5. Amount of claim: _____

6. Documentation supporting the claim must be attached hereto. Documentation should include both evidence of the nature of the administrative expense claim asserted as well as evidence of the date or dates on which the administrative expense claim arose.

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 (MM/DD/YYYY): _____

Signature: _____

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

First name: _____ Middle: _____ Last: _____

Title: _____

Company (identify the corporate servicer as the company if the authorized agent is a servicer):

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____