

**INITIAL REPORTING REQUIREMENTS**

Debtor \_\_\_\_\_

Case No. \_\_\_\_\_

**Note:** Failure to comply with the United States Trustee's Initial Reporting Requirements may be cause for conversion or dismissal of the case. (11 U.S.C. § 704 (a)(8); 11 U.S.C. § 1112)

The debtor submits the following:

	Yes	No
1. <b>Summary of insurance</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Proof that the U.S. Trustee has been added as an "interested party" to receive notice of insurance cancellation. (ACORD Certificate)</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Most recently filed federal income tax returns.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Last year-end financial statements (i.e. annual balance sheet and income statement).</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Proof of new debtor-in-possession bank accounts at UST approved depository.</b>	<input type="checkbox"/>	<input type="checkbox"/>

The INITIAL REPORTING REQUIREMENTS are due on or before the date of the Initial Debtor Interview. Send the original, signed, to the U.S. Trustee via mail, hand delivery, or email to the U.S. Trustee ECF Mailbox:

**For a Chapter 11 case filed in Portland, OR:**

Office of the United States Trustee  
620 SW Main Street, Suite 213  
Portland, OR 97205

USTPRegion18.P.ECF@UST.DOJ.GOV

**For a Chapter 11 case filed in Eugene, OR:**

Office of the United States Trustee  
405 East 8th Avenue, Suite 1100  
Eugene, OR 97401

USTPRegion18.E.ECF@UST.DOJ.GOV

**DEBTOR'S CERTIFICATION**

I certify under penalty of perjury that the statements made in the debtor's Initial Reporting Requirements are complete, true, and accurate to the best of my knowledge, information, and belief.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

The debtor, or trustee, if appointed, must sign this cover sheet accompanying the Initial Reporting Requirements. Only an officer or director has authority to sign the cover sheet for a corporate debtor and only a general partner has authority to sign the cover sheet for a partnership debtor.

**SUMMARY OF INSURANCE**

**Answer each question**

Does the debtor have any uninsured physical assets? If yes, list the uninsured assets	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Does the debtor have a general or commercial liability policy? If no, explain	<input type="checkbox"/>	<input type="checkbox"/>
Does the debtor have workers' compensation insurance? (Indicate "N/A" if the nature of the debtor's business does not require workers' compensation insurance)	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>		
Are there any risks for which the debtor is uninsured (for example, insurance specific to the debtor's business, such as malpractice insurance)? If yes, explain	<input type="checkbox"/>	<input type="checkbox"/>

**Summarize the debtor's insurance policies below and attach a copy of each declarations page. Note: An application for insurance is not adequate proof of insurance.**

**BUSINESS & PERSONAL INSURANCE**

TYPE OF POLICY	CARRIER AND POLICY NUMBER	PERIOD COVERED
Business General Liability		
Business Fire and Hazard		
Business Vehicle		
Business Worker's Comp		
Personal Homeowners		
Personal Auto Insurance		
Other - Real Property		
Other - Describe		

**Provide proof that the U.S. Trustee has been added as an interested party to receive notice of insurance cancellation.**