

SCHEDULE 4

**MONTREAL, MAINE & ATLANTIC CANADA CO. / MONTRÉAL, MAINE & ATLANTIQUE CANADA CIE
MONTREAL, MAINE & ATLANTIC RAILWAY, LTD. / CHEMIN DE FER MONTRÉAL, MAINE & ATLANTIQUE**

**SCHEDULE 4 TO PROOF OF CLAIM FORM
TO BE COMPLETED ONLY IF YOU ARE FILING A SUBROGATED INSURER CLAIM
DIRECTLY RELATED TO DAMAGES SUSTAINED AS A RESULT OF THE JULY 6TH DERAILMENT
IN LAC-MÉGANTIC**

1. Name of Creditor (Insurer): _____
 2. Amount of claims paid and to be paid in virtue of property insurance policies: (From page 2) CA\$ _____
 3. Amount of claims paid and to be paid in virtue of liability insurance policies: (From page 3) CA\$ _____
 4. Amount of claims paid and to be paid in virtue of life insurance policies: (From page 4) CA\$ _____
 5. Amount of claims paid and to be paid in virtue of disability insurance policies: (From page 5) CA\$ _____
 6. Amount of claims paid and to be paid in virtue of any other form of insurance policies: (From page 6) CA\$ _____
- Total Subrogated Insurer's Claim**
(Enter on line O. on page 4 of proof of claim form) CA\$ _____

(Provide details of all insurance claims paid subsequent to the derailment including designation of insured, address, type of insurance, policy number, amounts paid out and under what coverage on the attached schedules – Complete additional pages as necessary. In addition, include copies of the insurance claims presented to you and copies of any cheques issued related to an accepted claim).

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7. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of property insurance policies:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Payment amount (CA\$) | Indicate depreciation value |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|-----------------------|-----------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

8. Are there any outstanding insurance claims in virtue of property insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Future Payment amount (CA\$) | Indicate depreciation value |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|------------------------------|-----------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Total paid and estimated to be paid for property insurance claims

CA\$ _____

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9. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of liability insurance policies:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Payment amount (CA\$) | Indicate nature of liability of insured |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|-----------------------|-----------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

10. Are there any outstanding insurance claims in virtue of liability insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Future Payment amount (CA\$) | Indicate nature of liability of insured |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|------------------------------|-----------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Total paid and estimated to be paid for liability insurance claims

CA\$ _____

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11. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of life insurance policies:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Payment amount (CA\$) |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|-----------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

12. Are there any outstanding insurance claims in virtue of life insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Future Payment amount (CA\$) |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Total paid and estimated to be paid for life insurance claims

CA\$ _____

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13. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of disability insurance policies:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Payment amount (CA\$) | Indicate nature of disability |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|-----------------------|-------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

14. Are there any outstanding insurance claims in virtue of disability insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Future Payment amount (CA\$) | Indicate nature of disability |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|------------------------------|-------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Total paid and estimated to be paid for disability insurance claims

CA\$ _____

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15. Please provide full details of any insurance payments made to policy holders as a result of the derailment in virtue of other insurance policies:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Payment amount (CA\$) | Other |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|-----------------------|-------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

16. Are there any outstanding insurance claims in virtue of other insurance policies? If yes, list the outstanding claims and the amounts of future payments to be made or an estimate, if the amount has not yet been determined:

| Name of policy holder(s) | Category of risks covered and dates of coverage | Amount of insurance | Policy # | Name of Beneficiary and Description of claim paid | Future Payment amount (CA\$) | Other |
|--------------------------|-------------------------------------------------|---------------------|----------|---------------------------------------------------|------------------------------|-------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Total paid and estimated to be paid for other insurance claims

CA\$ _____