

**Your claim must  
be submitted or  
postmarked by:  
October 15, 2018**

**In Re: Outer Banks Power Outage Litigation**  
**Case No. Case No. 4:17-CV-141-D (E.D. NC.)**  
**BUSINESS PROOF OF CLAIM FORM**



**THE DEADLINE FOR SUBMITTING THIS PROOF OF CLAIM FORM IS OCTOBER 15 2018. ONLY ONE PROOF OF CLAIM FORM MAY BE SUBMITTED PER BUSINESS. FILL IN ALL BLANKS AND TYPE OR PRINT LEGIBLY.**

<b><u>Part I. Identification of Your Business Address as of July 27, 2017:</u></b>	
<b><u>Part II. Identification of Business:</u></b>	
<i>Business Name</i>	<i>Current mailing address of Business to which all future correspondence should be addressed including address for mailing of payment (including city, state and zip code)</i>
<i>Description of address/addresses where the business losses occurred (if other than your home, or stated business above)</i>	<i>Business Type (Corporation, Partnership, LLC, Sole Proprietorship, etc.)</i>
<i>Name of Authorized Person Completing this Form and Title at Business (e.g. President, Owner)</i>	<i>Current Telephone Number of Person Completing This Form (including area code)</i>
<input type="checkbox"/> Check this box if you wish to receive all correspondence regarding your claim via email	<i>Email address for all correspondence regarding the Business' claim</i>
<i>Current Business Telephone Number</i>	<i>Alternate Telephone Number</i>
<i>Approximate Date of Formation of Business</i>	<i>Business Tax ID Number (As of the date of the Outage or Incident)</i>

**Part III. Description of Claim:**

*Pursuant to the terms of the Settlement Agreement, Settlement Class Members who qualify as members of the Business Class will have two claim options, provided the claimant has not previously received reimbursement for losses as a result of the Incident.. The claim options are as follows:*

**(1) Each Business Class Member that timely submits an approved business claim with an appropriate description of the Business’ economic loss and proof of a valid Business Tax Identification Number at the time of the Incident shall be entitled to a payment in the amount of \$2,500.**

**(2) Each Business Class Member may submit documentation of proof of loss incurred as a result of the Incident and tax information and seek a recovery in excess of \$2,500.**

**Part IV. Selection of Type of Claim:**

*As a Business Class Member, you must select from these two options by using the below section of this form.*

**A. I am requesting payment for the Business’ economic losses in an amount of \$2,500 as a result of the Incident**

Check this box if you are making a claim for a lump sum payment of \$2,500

<p>By checking this box, the following apply:</p> <ul style="list-style-type: none"> <li>• The Business on whose behalf you are submitting this claim form will not be entitled to claim additional losses in an amount greater than \$2,500.</li> <li>• In order to recover, you will need to answer the following questions and add your signature to the end of this claim form attesting to the truth and accuracy of your claim.</li> <li>• You attest that the Business has not previously been reimbursed for the economic loss it incurred as a result of the Incident.</li> </ul>	
<p>1. This Business would normally have been open during the period between July 27, 2017 and August 4, 2017.      Yes _____ No _____</p>	<p>2. As a result of the power outage, the Business suffered an economic loss.      Yes _____ No _____</p>
<p>3. Total number of days that the Business was without power.  _____ days</p>	<p>4. How much do you estimate that the Business lost as a result of the Incident?  \$ _____</p>
<p>5. Please describe below how this Business was affected by the Incident, the nature and extent of the economic loss, and how you determined the amount of the Business’ economic loss. (Please attach additional pages if necessary).</p>	
<p>6. Has the Business made a claim and/or received any prior payments for any amount of loss claimed herein, whether from insurance or other sources?      Yes ___ No ___</p> <p>If so, please explain:</p>	

**B. I am electing to submit documentation in support of an economic loss greater than \$2,500 as a result of the Incident**

- Check this box if you are foregoing the Business' claim to a lump sum payment of \$2,500 and are requesting payment greater than \$2,500.00.

<p>By checking this box, the following apply:</p> <ul style="list-style-type: none"> <li>You will be required to submit documentation of the Business' losses.</li> <li>In order to recover, you will need to answer the following questions and add your signature to the end of this claim form attesting to the truth and accuracy of your claim.</li> <li>You attest that the Business has not previously been reimbursed for the economic loss it incurred as a result of the Incident.</li> </ul>	
<p>1. This Business would normally have been open during the period between July 27, 2017 and August 4, 2017.</p> <p style="text-align: center;">Yes____ No____</p>	<p>2. As a result of the power outage, the Business suffered an economic loss.</p> <p style="text-align: center;">Yes____ No____</p>
<p>3. Total number of days that the Business was without power.</p> <p>_____ days</p>	<p>4. Total days/months you believe the Business was negatively impacted?</p>
<p>5. The Businesses' economic loss as a result of the Incident was \$_____.</p>	
<p>6. Please describe below how the Business was affected by the Incident, the nature and extent of the economic loss and how you determined the amount of the Business' economic loss. (Please attach additional pages if necessary).</p>	
<p>7. Please return this completed and signed claim form, along with some but not all of the following documents:</p> <ul style="list-style-type: none"> <li>Annual Tax Return for the year-ended 31 December 2016;</li> <li>Cumulative Profit and Loss Statement for the year-ended 31 December 2016;</li> <li>Monthly Sales Reports for June, July, and August 2016 and 2017;</li> <li>Weekly/daily sales reports for July and August 2017;</li> <li>Weekly staff roster, including hourly rates for July and August 2017;</li> <li>Supporting Detail of any spoilage being claimed (including invoices and photos of that disposed);</li> <li>Detail of cancelled reservations and refunds;</li> <li>Weekly reservation/ rental reports, including occupancy and daily rates, for June through August 2017;</li> <li>Copy of rental agreement pertinent to loss;</li> <li>An estimate of the Business interruption claim, including any pertinent supporting calculation and documentation;</li> <li>Extra Expense Receipts; and/or</li> <li>Other.</li> </ul>	
<p>8. Has the Business made a claim and/or received any prior payments for any amount of loss claimed herein, whether from insurance or other sources? Yes___ No___</p> <p>If so, please explain:</p>	

**Part V. Identity of Claimant**

*The person signing this Form must attach proof of his or her personal identity, such as a copy of: 1) his or her driver's license; 2) his or her picture Identity Card and/or 3) his or her U.S. Passport.*

**Pursuant to 28 U.S.C. §1746, I hereby certify, under penalty of perjury, that I am duly authorized to make this Proof of Claim on behalf of the Business listed above, and that all of the information contained herein, as well as all attached documents and supporting explanation, if any, is true and correct. By signing this Proof of Claim Form, the undersigned Business hereby releases all Released Claims against the Released Parties as defined in the Settlement Agreement.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Duly Authorized Representative**

You must send this form, and documents or proof, if any, by U.S. Mail, online submission (at [www.obxsettlement.com](http://www.obxsettlement.com)), or email ([PCL.OuterBanks@us.crawco.com](mailto:PCL.OuterBanks@us.crawco.com)), no later than OCTOBER 15, 2018 (if submitting by U.S. Mail, the submission must be postmarked by OCTOBER 15, 2018) to:

<b>Mail</b>	<b>Express Mail</b>
PCL Outer Banks Claim Team c/o GCG P.O. Box 10481 Dublin, OH 43017-4081	PCL Outer Banks Claim Team c/o GCG 5151 Blazer Parkway, Suite A Dublin, OH 43017