

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.)

**VACATION PROPERTY OWNER PROOF OF CLAIM FORM**

**OBX**  
**PROP**

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

<b><u>Part I. Identification of Your Vacation Rental Address as of July 27, 2017:</u></b>	
<b><u>Part II. Identification of Vacation Rental Property:</u></b>	
<i>Name of Owner of Vacation Rental Property Completing This Form</i>	<i>Current mailing address to which all future correspondence should be addressed, including address for mailing payment (including city, state and zip 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 your claim</i>
<i>Date of Birth of Claimant Completing This Form (mm/dd/yyyy)</i>	<i>Last four digits of Social Security Number of Claimant Completing This Form</i>
<i>Current Telephone Number of Owner Completing This Form (including area code)</i>	
<b><u>Part III. Do You Qualify as a Class Member:</u></b>	
<i>In order to qualify for payment as a member of the Vacationer Class as a vacation property owner, you must have been an owner of a rental property and suffered financial losses due to the Incident and not previously received reimbursement for the losses you incurred as a result of the Incident.</i>	
<b>Did you suffer financial or economic loss as a result of vacationers evacuating your rental property or as a result of vacationers cancelling a vacation rental? Yes_____ No_____</b>	
<b>If so, how many days of vacation rental did you lose due to the Incident? _____ number of days</b>	
<b>How much rental revenue did you lose due to the Incident? \$_____</b>	

Please describe and itemize any other economic or financial losses due to the Incident on the following page. (Please attach any additional pages detailing your losses due to the Incident)

Description of economic or financial loss	Value in \$

**Part IV. Documentation:**

Please identify any documents that you contend support your economic losses and attach copies of these documents with your claim form submittal. This may include: (1) proof of cancelation(s); (2) proof of partial or full reimbursement to renter(s); (3) rental agreement(s); and/or other documentation reflecting losses for which you are seeking reimbursement due to the Incident.

**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 Individual 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 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:

Mail	Express Mail
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