

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.)

VACATIONER PROOF OF CLAIM FORM

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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.

Part I. Identification of Your Vacation Rental Address:

Vacation Residence Street Address, City, State, Zip Code

Part II. Identification of Head of Household of Vacation Rental:

Name of Claimant Completing this Form

Current mailing address to which all future correspondence should be addressed, including address for mailing payment (including city, state and zip code)

Check this box if you wish to receive all correspondence regarding your claim via email

Email address for all correspondence regarding your claim

Date of Birth of Claimant Completing This Form (mm/dd/yyyy)

Last four digits of Social Security Number of Claimant Completing This Form _____

Claimant's Current Telephone Number (including area code)

Part III. Do You Qualify as a Vacationer Class Member:

In order to qualify for payment as a member of the Vacationer Class, you must have either evacuated from an active vacation rental due to the Incident or had a planned vacation rental cancelled or affected by the Incident. In addition, you must have not previously received reimbursement for your losses as a result of the Incident.

Did you and the members of your vacation rental household evacuate from an active vacation rental as a result of the Incident? Yes_____ No_____

If so, how many days of vacation rental did you lose due to the Incident? _____ number of days

What was the daily charge to you for the vacation rental? \$_____

Were you and your members of your vacation rental household prevented from accessing your vacation rental property as a result of the Incident? Yes_____ No_____

If so, how many days of your vacation did you lose due to the evacuation? _____ number of days

What was the daily charge to you for the vacation rental? \$_____

Please describe and itemize any other economic or financial losses due to the incident. (Please attach additional pages if necessary to describe your losses due to the Incident)

Description of economic or financial loss	Value in \$

Have you received any payment from any other source for your losses, such as vacation rental insurance?

Yes _____ No _____

If so, how much did you receive? \$ _____

From whom did you receive payment (e.g. Arch Insurance)

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) receipts; (2) proof of rental payment; (3) rental agreement; (4) and/or other documentation reflecting your losses 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), or email (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