



Outer Banks Power Outage Business Claim Form

PART I - CLAIMANT IDENTIFICATION

Claimant's Name (first, middle, last):

Business Name:

Mailing Address:

City:

State:

Zip:

Loss Location:

City:

State:

Zip:

Primary Telephone Number:

Secondary Telephone Number:

Email Address: (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

PART II - DESCRIPTION OF BUSINESS

Years in Operation:

Hours / Days of Operation:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Number of Employees:

Hourly / Salary delineation:

Hourly

Salary



PART III - LOSS INFORMATION (cont.)

Attachments: Please return these documents, the signed claim form and all other required documents. If you choose to mail your documents, please send a copy of your documents and retain the originals for your records.

[Large empty rectangular box for attachments]

Business Interruption

Start Date & Time:

/ /
 :

 (mm/dd/yyyy) hh:mm am/pm

End Date & Time:

/ /
 :

 (mm/dd/yyyy) hh:mm am/pm

Cause of Loss Description:

[Large empty rectangular box for Cause of Loss Description]

Total amount of days or hours your business was without power?

Days:

Hours:

Check one:

Complete Interruption

Partial Interruption

% Percentage

Description:

[Large empty rectangular box for Description]



Documents Requested: *Please check all documents being provided and sent to support the claim.*

- Annual Tax Return for the year-ended 31 December 2016
- Cumulative Profit and Loss Statement for the year-ended 31 December 2016
- Monthly sales reports for June, July and August for 2016, and 2017
- Weekly/Daily sales reports for July and August 2017
- Weekly Staff Roster, including hourly rates for July and August 2017
- Supporting detail of any spoilage being claimed (including invoices and photos of that disposed)
- Detail of cancelled reservations and refunds
- Weekly reservation / rental reports, including occupancy and daily rates, for June through August 2017
- Copy of rental agreement pertinent to the loss
- An estimate of your Business Interruption claim, including any pertinent supporting calculation and documentation
- Extra Expense Receipts
- Other

Have you made a claim to anyone or any entity for any amount of loss that you are claiming under this form?

Yes **No**

If "Yes," please identify the amount of the claim made and the name and contact information (complete address and telephone number) of the person or entity.

Name:

Address:

City:

State:

Zip:

Telephone Number:



Have you been compensated/reimbursed, or do you expect to be compensated/reimbursed, by anyone or any entity for any amount of loss that you are claiming under this form?

Yes No

If "Yes," please identify the amount of compensation/reimbursement, as well as the name and contact information (complete address and telephone number) of the person or entity.

Name:

Address:

City: State: Zip:

Telephone Number: - -

I hereby certify and declare under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge, and that supporting documents attached or submitted in connection with this form and the information contained therein is true, accurate, and complete to the best of my knowledge; and I understand that false statements or claims made may result in fines, imprisonment, and/or any other remedy available by law, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

I further certify and declare that I have an ongoing duty to supplement this proof of claim with supporting documents as additional information is received or becomes available. This includes, but is not limited to, a duty of supplementation to the extent that additional documents or information changes any of the answers or responses contained herein.

Signature

Date (mm/dd/yyyy) / /

Print your name here

Please return this **signed** form via one of the following:

Email:	PCL.OuterBanks@us.crawco.com
Toll Free Fax:	(844) 528-4563
Fax:	(614) 553-1477
Mail:	PCL Outer Banks Claim Team c/o GCG P.O. Box 10481 Dublin, OH 43017-4081
Express Mail:	PCL Outer Banks Claim Team c/o GCG 5151 Blazer Pkwy, Suite A Dublin, OH 43017