

PART III - RESIDENT INFORMATION: *Complete Applicable Sections below*1. **Scheduled Date / Time to arrive at Residence** *(Seasonal residents only)*

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

2. **Actual Date / Time Arrived at Residence** *(Seasonal residents only)*

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

3. **Date / Time Power Outage Started**

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

4. **Date / Time Departed from Residence**

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

5. **Was Departure due to power outage?**

Yes No

6. **Date / Time scheduled to depart residence** *(Seasonal residents only)*

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

7. **Date / Time power was restored**

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



PART V - LOSS OF INCOME

If you have a loss of income please complete the following:

Name of Employer:

Address:

City: State: Zip:

Telephone Number:
 - -

Direct Manager:

Description of Business:

How long employed at this location?

* Attached Employment and Loss of Wages Verification form completed by employer is required.

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:
 - -



PART V - LOSS OF INCOME (cont.)

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 |

EMPLOYMENT AND WAGE LOSS VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY THE EMPLOYER

DATE:

CLAIMANT:

ADDRESS:

Name of Business _____ Job Title: _____

Business Address: _____ Supervisor: _____

_____ Phone #: () _____

Employee employed: FULL TIME PART TIME OTHER HOW LONG EMPLOYED? _____ (Years/Months)

Days a week victim worked: Monday; Tuesday; Wednesday; Thursday; Friday; Saturday; Sunday; Schedule varies

Employee loss of work: FROM: ____/____/____ TO: ____/____/____
Total days out of work

Date returned to work: ____/____/____ Did not return to work

INCOME/EARNINGS CALCULATION

Please check one:

RATE OF PAY: \$ _____ per: Hour Week Month Other _____

How many days does employee work a week? _____ How many hours does employee work each day? _____

OVERTIME/COMMISSION: \$ _____ per Week Month Other _____

LOST WAGE INCOME: \$ $\frac{\text{Avg. Day Pay}}{\text{Days Lost Work}} \times \text{Days Lost Work} = \$$ _____

VERIFYING SIGNATURE

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

() _____
PHONE

TITLE