



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:

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.)

Where is the promise that this very private information will be protected or even used to pay you?

PCL has already stated that they will be calling everyone who submits a claim.

This is likely to be a recorded statement where they can use anything you say against you.

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 II - DESCRIPTION OF BUSINESS (cont.)

Other Locations:

Accountant / Representative Contact Information:

Name:

Telephone Number:

Email Address:

Are they going to contact your accountant or lawyer to verify the information you gave them?

If so, you can probably expect a bill from your accountant/representative. How much will this be?

PART III - LOSS INFORMATION

Property Damages: (Description including number, type, and values)

Description

Quantity

Unit Value

Receipt Attached (x)

Value

Note they start with "property damage" which is likely the least amount of damages for most business owners.

Further, why "property damages"? Is this intentionally ambiguous? Most of the time property damage means physical damages to a building or vehicle, which likely did not happen in this situation.

Assuming this is expanded to include items such as food or beverages that spoiled, are you only entitled to recover what you paid for these items, and not the lost profits they would have brought.

Does this mean that they aren't going to pay you the value if you don't have an old receipt? or that they will dispute the value?

Total



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.

What are "the documents" and "all other required documents"? Ambiguous intentionally? Will they come back later for "additional" verification, further delaying any potential payment?

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:

These appear to limit your claims to the narrow period of time when the power was out. What about lost profits the following week? And future loss of business due to customer attrition the rest of the summer and fall, or even into the next year or longer?

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

Days: Hours:

Check one:

Complete Interruption

Partial Interruption

% Percentage

Description:



PART III - LOSS INFORMATION (cont.)

Amount of money received by your business prior to the interruption (such as security deposits, rental payments, booking fees, down-payments, or any other form of compensation) that was not refunded by your business or that your business does not intend to refund:

\$

Extra Expense:

Description	Quantity	Unit Value	Receipt Attached (x)	Value
<i>Why are they asking about this? It's likely going to be deducted from the damages you claim. This is information for their benefit.</i>				
<i>(Handwritten note with arrow pointing to 'Receipt Attached' column)</i>				
Total				

Additional Comments:

They are again asking you to attach receipts to prove you incurred extra expenses.

Does this mean they aren't going to reimburse the expenses without a receipt? Or that they will dispute the amount?



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 documents (including invoices and photos of that disposed)
- Details of cancelled reservations for the period
- Weekly reservation / rental reports, including occupancy and daily rates, for the period
- Copy of rental agreement (pertinent to the loss)
- An estimate of your Business Interruption claim, including any pertinent supporting calculation and documentation
- Extension of time to file
- Other

They are not even considering the possibility that sales could be affected beyond August 2017.

This may be used to calculate a deduction. They may claim you saved some of these payroll costs because of the blackout.

They are not even considering the possibility that reservations or rentals could be affected beyond August 2017.

This should not be considered lightly. You should expect this "estimate" and supporting information will be used to set a virtual ceiling on your claim, and used against you if you later want to amend it.

These documents may contain some of your most sensitive and proprietary information.

Where is the guarantee this information will be kept confidential and returned to you? (Answer: there is none.) What if this information gets in the hands of your competitors?

You are surrendering this information without even a guarantee it will be destroyed at the end of their process.

Further documents appear necessary to support any claim, but there is no legal requirement that you must have documentary or written proof to recover for your losses.

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:

This section appears irrelevant. PCL's obligation to pay you should not be offset by any payment made by your insurance company. This appears to do nothing but give them information so that they can "swap notes" with your insurance company and look for inconsistencies and arguments to make against you.



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:

Telephone number:

Once again, this appears irrelevant. PCL's obligation to pay you should not be reduced or offset by compensation or reimbursement you receive from other sources, including your insurance company.

Wow! Read this again. You are risking fines, imprisonment, or other punishments if anything you say is false. Who will be the judge of that? They may forward your information to law enforcement if they think it's suspicious. Why do you have to agree to all that before they will even consider your claim form?

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

Note you are obligating yourself to continue to provide additional information

Date (mm/dd/yyyy)

It appears your personal and private information is going to GCG (Garden City Group) in Ohio, which handles class action lawsuits.

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

GCG is owned by Crawford and Company (PCL.OuterBanks@us.crawco.com), the world's largest independent providers of claims management to the risk management and insurance industry.

This form, and the information in it, is going to be processed by a claims administration company, which is owned by an insurance adjustment company, not by PCL.