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MUST BE FILED ONLINE OR POSTMARKED NO LATER THAN JULY 15, 2026

In re: Winston Weaver Fertilizer Plant Fire In the General Court of Justice Superior Court Division County of Forsyth Case No. 422CVS929

For Office use Only

NET BUSINESS DAMAGE CLAIM FORM

THE DEADLINE TO SUBMIT THIS PROOF OF CLAIM IS JULY 15, 2026.

ONLY ONE PROOF OF CLAIM FORM MAY BE SUBMITTED PER BUSINESS. YOU MAY FILE EITHER A FLAT ELECTION CLAIM OR A BUSINESS DAMAGES CLAIM, BUT NOT BOTH.

FILL IN ALL BLANKS AND TYPE OR PRINT LEGIBLY.

I. CLASS MEMBER INFORMATION

Business Name:

Grid for Business Name

Street Address

Grid for Street Address

City

Grid for City

State

Grid for State

ZIP

Grid for ZIP

Class Member ID

Grid for Class Member ID

(If you received a Notice packet, this number can be located near the address we mailed to.)

COMPLETE THE FOLLOWING IF REPRESENTED BY AN ATTORNEY:

Attorney Name

Grid for Attorney Name

Law Firm

Grid for Law Firm

Address

Grid for Address

City

Grid for City

State

Grid for State

ZIP

Grid for ZIP

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1.9 Business email:

[Grid of 30 empty boxes for business email]

1.10 Authorized contact person (name/title):

First Name

[Grid of 15 empty boxes for first name]

MI

[1 empty box for middle initial]

Last Name

[Grid of 25 empty boxes for last name]

Title at Business

[Grid of 30 empty boxes for title]

1.11 Preferred method of communication:

Email Phone Mail

2. ELIGIBILITY AND LOCATION VERIFICATION

2.1 Was the Business open and operating at the affected location immediately prior to the Incident?

Yes No (explain):

2.2 Did the Business conduct revenue-generating operations at the affected location (not merely own/lease property)?

Yes No (explain):

2.3 Provide proof of occupancy/operation at the affected location during the claim period (attach at least one):

Lease agreement (relevant pages) Rent roll/rent receipts Utility bill(s)
 Business license Certificate of occupancy Other: _____

2.5 Distance from Incident location (if known):

3. BUSINESS OPERATIONS PROFILE

3.1 Industry/description of services or goods:

3.2 Typical days and hours of operation BEFORE the Incident:

Days open (check all): Mon Tue Wed Thu Fri Sat Sun

Hours: _____

3.3 Typical staffing BEFORE the Incident:

Full-time employees: _____

Part-time employees: _____

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Owners working in Business: _____

3.4 Payment channels (check all):

- Point-of-sale (POS) Online sales Invoices/accounts receivable
- Subscription/recurring revenue Cash-based Other: _____

3.5 Seasonal pattern (check one):

- No material seasonality
- Seasonality exists (describe typical seasonal peaks):

4. CLAIM PERIOD AND INTERRUPTION DETAILS

4.1 Claim period start date:

		-			-				
MM			DD			YYYY			

4.2 Claim period end date:

		-			-				
MM			DD			YYYY			

4.3 Type of interruption experienced (check all that apply):

- Full closure (no revenue-generating operations) Partial closure (reduced hours/days)
- Evacuation order prevented access Customer access materially restricted
- Supply chain interruption Utility outage
- Smoke/odor/contamination cleanup affected operations Employee displacement/inability to staff
- Other: _____

4.4 Days fully closed during Claim period (list dates or attach calendar):

4.5 Days partially operational during Claim period (list dates and percent capacity):

Date(s): _____

Estimated operating capacity on those dates (0%–100% - state by date):

4.6 Cleanup/remediation actions after reopening (check all that apply):

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- Deep cleaning/residue removal HVAC cleaning Disposal of contaminated materials
- Inspection or clearance required Other: _____

4.7 Provide supporting evidence for closure and reopening timeline (attach at least one):

- Affidavit/declaration by owner/manager Employee time records
- POS “zero sales” days Notices to customers (email/social media postings)
- Photos/video of closure signage Work orders/invoices for cleanup
- Utility outage notices Other: _____

5. ACTUAL NET BUSINESS LOSS CALCULATION (CLAIMANT INPUT)

Definitions for this Form

- **Actual Gross Revenue:** Total sales/revenue actually earned during the Claim period.
- **But-For Gross Revenue:** The sales/revenue the Business reasonably would have earned during the Claim period if the Incident had not occurred.
- **Avoided Costs:** Expenses not incurred because operations were reduced (e.g., some hourly labor, certain supplies).
- **Continuing Expenses:** Expenses that continued despite closure (e.g., rent, insurance, certain payroll, debt service).
- **Other Recovery:** Insurance proceeds or other payments that cover the same loss.

5.1 Basis for Your But-For Gross Revenue Estimate (check all that apply):

- Same period in prior year Average of prior _____ months Average of prior _____ weeks
- Signed contracts/bookings/orders canceled Industry/market trend adjustment Other: _____

5.2 Revenue Figures (attach supporting records):

- (A) But-For Gross Revenue for Claim period: \$. [A]
- (B) Actual Gross Revenue for Claim period: \$. [B]
- (C) Gross Revenue Shortfall (A – B): \$. [C]

5.3 Cost Adjustments:

- (D) Avoided variable costs attributable to revenue not earned (list and total): \$. [D]
- (E) Extraordinary/one-time expenses incurred due to Incident (cleanup, temporary relocation, advertising to regain customers, etc.) (list and total): \$. [E]

5.4 Continuing Normal Operating Expenses During Claim Period (check and total):

- Rent/lease: \$.
- Utilities: \$.
- Insurance: \$.

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Debt service/interest: \$.

Key payroll (non-avoidable): \$.

Taxes/licenses: \$.

Other continuing expenses (itemize): \$.

\$.

\$.

Total continuing expenses: \$. [F]

5.5 Other Recovery/Offsets:

(G) Business interruption insurance proceeds (attach determinations and payments): \$. [G]

(H) Other payments/assistance for the same loss (grants, donations restricted to operations, etc.): \$. [H]

(I) Total offsets (G + H): \$. [I]

5.6 Net Loss Calculation (Claim amount requested):

(J) Net Business Loss Requested (C - D) + E + F - I = \$. [J]

5.7 Explanation of Methodology (required): Describe your “but-for” assumptions, seasonality adjustments, and how you identified avoided costs and continuing expenses:

6. SUPPORTING DOCUMENTS CHECKLIST (ATTACH AS APPLICABLE)

You must attach documents sufficient to substantiate revenue, costs, and the interruption timeline.

6.1 Proof of revenue (attach at least two if available):

POS reports (daily sales) for Claim period POS reports for comparison period(s)

Bank statements showing deposits (Claim period and comparison) Merchant processor statements

Sales tax returns Invoices and AR aging reports

Financial statements (P&L) by month

6.2 Proof of expenses/costs:

General ledger detail (Claim period) Payroll registers and timecards

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- Vendor invoices (supplies, COGS)
- Utilities invoices
- Debt service statements

- Lease/rent invoices
- Insurance premium invoices

6.3 Proof of interruption (attach at least one):

- Owner/manager affidavit
- Photos of closure conditions
- Government notices affecting access (if any)
- Customer notices/closure announcements
- Cleanup contractor invoices

6.4 Insurance and offsets:

- BI insurance policy declarations page
- Proof of payments received
- Claim submission and carrier determinations

6.5 Tax documentation (if available):

- Most recent federal income tax return for the Business
- Prior year federal income tax return

7. REPRESENTATIONS, CERTIFICATIONS, AND AUTHORIZATION

By signing below, Claimant represents and certifies

- the information provided is true, correct, and complete to the best of Claimant’s knowledge;
- the claimed losses were caused by Business interruption associated with the Incident as described herein;
- the amounts claimed do not include losses already paid or reimbursed by insurance or other third parties, except as disclosed;
- Claimant authorizes Epiq and its consultants to verify information provided, including contacting financial institutions, insurers, landlords, and vendors for confirmation, subject to applicable confidentiality protocols; and
- Claimant agrees to provide additional documentation upon reasonable request.

III. AFFIRMATION AND CERTIFICATION

By signing below and submitting this Claim, I swear or affirm under penalty of perjury that I have valid, legal authority to act on behalf of the above-referenced Business, that the above-referenced Business has not been fully compensated for any losses incurred as a result of the Incident by prior insurance payments, and that all information contained herein and all information submitted to the Settlement Administrator is truthful and accurate.

Signature of Claimant

Date: - -
MM DD YYYY

Title

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IV. SUBMISSION INFORMATION – ADMINISTRATOR USE ONLY

Submit completed form and attachments **online at WinstonWeaverClassAction.com** or **via mail to:**

Winston-Salem Business Settlement Administrator

P.O. Box 3207

Portland, OR 97208-3207

Deadline: **JULY 15, 2026**

Questions:

Mail: Winston-Salem Business Settlement Administrator, P.O. Box 3207, Portland, OR 97208-3207

TFN: 1-877-269-9879

Web: WinstonWeaverClassAction.com

Monitored Email: BusinessClassInfo@WinstonWeaverClassAction.com

Claim ID:

Form with 10 empty boxes for Claim ID

Date received:

Date received form with MM, DD, and YYYY boxes

Eligibility confirmed:

Eligibility confirmed checkboxes: Yes, No, Pending

Documentation status:

Documentation status checkboxes: Complete, Incomplete (items needed)

Three horizontal lines for additional information

Preliminary calculation reviewed: Yes No

Approved amount: \$ [] [] [] [] [] [] • [] []

Notes:

Five horizontal lines for notes