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Winston Weaver Business Settlement

EXTRAORDINARY LOSS / PROPERTY & INVENTORY DAMAGE ADDENDUM TO DAMAGES OR FLAT-FEE CLAIM FORMS

A. Instructions (Read Carefully)

This form is for Business Class Members seeking compensation for **extraordinary loss, property damage, or inventory damage** allegedly related to the Incident. An “**Extraordinary Loss Claim**” is a claim that, in the **Settlement Administrator’s sole discretion**, is sufficiently different in degree from that which most other Class Members experienced such that ordinary program payments would not provide fair, reasonable, and adequate compensation.

1. You must submit **corroborating documentation** and provide **strict itemization** of repair and/or replacement costs.
2. The Settlement Administrator will determine (in its sole discretion) whether the claimed losses are reasonably linked to the Incident and what reimbursement, if any, is appropriate, including application of **depreciation, betterment, salvage, and landlord/tenant allocation** where applicable.
3. If your Extraordinary Loss Claim is rejected, you may still be considered for payments under other programs for which you are eligible.
4. You may appeal the Settlement Administrator’s final determination as set forth in the **Appeals of Claim Determinations Supplement** to the Winston Weaver Plan of Distribution.

C. Eligibility Confirmation (Check All That Apply)

1. I am a Business Class Member eligible for Program 1 and/or Program 2 under the Plan of Distribution.
2. My Business was operating at the affected location at the time of the Incident.
3. The losses claimed here are **in addition to**, and not duplicative of, amounts claimed under other settlement programs (except as disclosed).

D. Extraordinary Loss Claim Type (Check All That Apply)

1. **Property Damage** (building, leasehold improvements, equipment, fixtures, signage, HVAC, etc.)
2. **Inventory Damage** (raw materials, goods held for sale, perishable goods, contaminated items, etc.)
3. **Extraordinary Loss (Other)** (describe):

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3. Were there any preexisting conditions or prior damage to the affected items?

1. No Yes (explain):

4. Were any repairs/cleaning performed?

No Yes (describe and provide dates):

G. Strict Itemization of Claimed Losses (Required)

For each item, provide a separate line. Attach invoices/receipts/estimates/photos for each line item.

Itemization Table – FOR EACH ITEM PROVIDE THE FOLLOWING INFORMATION:

• Item #: _____

• Category: Property Inventory Other

• Description (make/model; SKU; serial #; location on premises):

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• Quantity: _____

• Date purchased (if known): - -
MM DD YYYY

• Original purchase price (if known): \$.

• Condition immediately before Incident: _____

• Nature of damage (contamination, smoke odor, ash infiltration, corrosion, etc.):

• Repair cost (attach invoice/estimate): \$.

• Replacement cost (attach quote/receipt): \$.

• Salvage value (if any): \$.

• Insurance coverage? No Yes (carrier/policy/claim #):

• Amount paid/expected by insurance for this item: \$.

• Landlord/Tenant responsibility (check one): Landlord Tenant Shared/unclear (explain):

Total claimed repair costs: \$.

Total claimed replacement costs: \$.

Total insurance/third-party offsets received or expected: \$.

Net extraordinary loss amount requested (before Settlement Administrator adjustments): \$.

H. Required Supporting Documentation Checklist

Attach documents sufficient to corroborate causation and to support strict itemization of costs.

1. Proof of ownership/interest and location (check all that apply):
 - Lease (relevant pages) or deed
 - Utility bill(s) showing address
 - Business license/occupancy documentation
2. Proof of condition and damage:
 - Photos/videos (before/after if available)
 - Cleanup or remediation invoices/work orders
 - Inspection reports (fire department, environmental, building, insurance adjuster)
 - Inventory records (count sheets, POS inventory reports, shrink logs)
3. Proof of cost (strict itemization):
 - Receipts/invoices for repairs
 - Replacement quotes or purchase receipts
 - Vendor statements for destroyed/returned inventory
4. Insurance and offsets:
 - Insurance policy declarations page (if applicable)
 - Claim submission and determination letters
 - Proof of payments received

I. Acknowledgments and Certification

By signing below, Claimant acknowledges and agrees

1. The Settlement Administrator will determine, in its **sole discretion**, whether this claim qualifies as an Extraordinary Loss Claim and what reimbursement, if any, will be awarded;
2. The Settlement Administrator may apply **depreciation, betterment, salvage, and landlord/tenant allocation**, and may require additional documentation;
3. if Extraordinary Loss Claims would exhaust the Settlement Fund, payments under Programs 1 and 2 will be assigned dollar-for-dollar and Extraordinary Loss Claims may be reduced on a **pro rata** basis;
4. If this Claim is denied as extraordinary, Claimant may remain eligible for other programs or payments as applicable; and
5. Claimant has the right to appeal the final determination as described in the **Appeals of Claim Determinations Supplement**.

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Certification:

I declare under penalty of perjury that the information in this Proof of Claim Form and attachments is true and correct to the best of my knowledge and belief.

Authorized signatory name:

Title:

Signature:

Date: - -

MM DD YYYY