

ITC March 17, 2019 Incident Business Economic Loss Claim Form

To make a **Business Economic Loss Claim** for damages arising from the March 17, 2019 Incident, (the "Incident"), you must complete and submit this Claim Form and all documentation ("Supporting Documentation") to ITC on or before June 25, 2019.

The **Business Economic Loss Claim** is for businesses (including those reporting on Form 1040 Schedules C, E, or F) that assert economic loss due to the Incident. You must provide a description of the property allegedly damaged and proof of ownership of the allegedly damaged property is also required. Please refer to the Common Questions About the ITC Claims Process when completing this form.

Completed claims forms with supporting documents can be either submitted via email to incident31719@itcclaims.com or by mail to ITC March 17, 2019 Incident, PO Box 698, Deer Park Tx 77536.

A. Claimant Information

Provide the following information about the business on behalf of which you are filing this claim for Business Economic Loss.

1. Business Name:

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2. What is the address of your business? Provide the address of your business. If you are a Multi-Facility business, provide the address of each Facility for which you are claiming.

Business Address:
Headquarters

Street		
City	State	Zip Code
Parish/County		
Email Address		

Business Phone Number:

(_ | _ | _) | _ | _ | _ | _ | - | _ | _ | _ | _ |

3. Social Security Number (Last 4 Digits):

or
Individual Taxpayer Identification Number: or
Employer Identification Number:

(X | X | X) | X | X | X | - | _ | _ | _ | _ |

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4. CLAIM AMOUNT AND ITEMIZATION:	
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B. Information Required for a Business Economic Loss Claim

If you are making a Business Economic Loss Claim for more than one Claiming Facility, photocopy this section of the Claim Form before completing it and attach the copy to the Claim Form for submission. Make one copy for each additional Claiming Facility.

1. During the period from March 17, 2019, through March 25, 2019, did your business maintain more than one separate and distinct physical location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your business's headquarters located within the Deer Park, Pasadena or La Porte, Texas areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are all of your business's Facilities located within the Deer Park, Pasadena and LaPorte, Texas areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your business maintain separate profit and loss statements for each office found within Deer Park, Pasadena or LaPorte, Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is your business submitting a claim for all Facilities located within the Deer Park, Pasadena and LaPorte, Texas areas? If you checked "Yes" for Question 3, you may file a consolidated claim for all Facilities or you may elect to file individual claims for each Claiming Facility separately. If you checked "No" for Question 3, information must be provided on a Facility-by-Facility basis, but you may send in each of those claims together to facilitate efficient processing.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6. Provide a description of your business:

7. Identify other sources of income to your business that can be used to reconcile tax returns with business financial statements, if any.

8. Did the Incident directly result in the cancellation of a contract that your business was unable to replace? A Canceled Contract is a contract that was in place on March 17, 2019, and which was to be performed between March 17, 2019 and March 25, 2019, but was canceled between within those dates as a direct result of the incident, and that you were unable to replace on the same or similar terms.

Yes

No

If Yes, attach the contract and describe your efforts and inability to replace the contract:

9. If your claim is not based upon a contract, please describe, in detail, the basis for your claim including identifying the customer/client from whom you lost business due to the Incident. Please provide contact details for your customer/client from whom you claim to have lost business:

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C. Documentation Required for a Business Economic Loss Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Business Economic Loss Claim. If you do not submit the required Supporting Documentation, ITC will not be able to review your claim and you will not receive payment for your claim. If you cannot or will not submit the requested Supporting Documentation for Nos. 1 and 2 below, please explain in detail why the documentation will not be provided. You must submit documentation required in Nos. 3 and 4 below.

Basic business documents required for all Business Economic Loss Claims are listed here. Additional documents may be required based on choices you made when filling out the Claim Form or to provide necessary detail or explanation during the claims process.

<input type="checkbox"/>	(1) Federal tax returns (including all schedules and attachments) for 2018. These federal tax returns must include: (a) Complete federal tax return and the applicable supporting documentation; (b) For self employed individuals, provide Form 1040, pages 1 and 2, along with Schedules C, D, E, and F, and Form 1099, if applicable.
<input type="checkbox"/>	(2) Monthly and annual profit and loss statements (which identify individual expense line items and revenue categories), or alternate source documents establishing monthly revenues and expenses for 2018 AND 2019 up to April 30, 2019. Profit and loss statements must identify the dates on which they were created. Also, please include all documents that support in any way your claim for Business Economic Loss including receipts and description of any lost business or expenses caused by the Incident.
<input type="checkbox"/>	(3) Documents reflecting the business structure and ownership of the business claimant, including but not limited to Articles of Incorporation, shareholder list(s), LLC, DBA or partnership or limited partnership agreements.
<input type="checkbox"/>	(4) W-9 Form. If you are making multiple claims, you only need to submit the W-9 Form once.

D. Payment

1. If your claim is approved, payment checks will be sent by First Class Mail to the address you provided in the Registration Form or to the address that the Claims Administrator confirms for you during the processing of your Claim after you return the executed Release agreement. **You have an obligation to notify ITC if your address changes.**

ITC will report annually to federal and state taxing authorities, using a Form 1099 or state form equivalent, for certain payments made. ITC will send you a copy of that form, but cannot give you any tax advice regarding any payment issued to you. You should consult with your own tax advisor to determine the tax impact of any payment you receive from ITC.

2. Garnishments, Liens and other Attachments. Legally authorized garnishments, liens, or similar forms of attachments relating to your claim will be honored and deducted from your payment.

3. W-9 Form Requirement. All claimants must provide a W-9 Form.

4. NO PAYMENT WILL BE MADE BY OR ON BEHALF OF ITC WITHOUT THE CLAIMANT EXECUTING A RELEASE OF ALL CLAIMS AGAINST ITC AND ITS UNDERWRITERS

5. Submission of this form does not obligate ITC or underwriters to accept or pay the claim submitted. ITC is entitled to investigate all claims and may require additional documentation.

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E. Signature

I certify and declare under penalty of perjury that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge.

I certify that I am authorized to act on behalf of the business submitting this Claim Form. I fully understand that submitting this form does **NOT** obligate ITC or its insurer to accept or pay the claim being presented. ITC is entitled to fully investigate all claims and may require additional documentation.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature:		Date:	____/____/____ (Month/Day/Year)
Printed Name:	First	Middle	Last
Title:			

An authorized business representative must sign this Claim Form personally.