

ITC March 17, 2019 Incident

INDIVIDUAL CLAIM FORM

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

The **Individual Loss Claim** is for individuals who have experienced income losses or other losses/damage caused by the Incident. If you pay taxes as an individual taxpayer on the income on which your claim for losses is based, you must fill out the Individual Loss Claim Form. If you want to make a claim as the representative of a business or for losses for a business operation that you own and on which you pay taxes as a business taxpayer, then do not use this Individual Loss Claim Form but instead use the Business Economic Loss Claim Form. If you have both an Individual Claim and a Business Claim and want to assert both claims, you need to complete both forms. 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 Natural Person who is filing this claim for Individual Loss

1. Name: Last name	First Name	Middle Initial
2. Address	City / State / Zip	Phone Number(s)
Email Address		Date of Birth

<p>3. Social Security Number (Last 4 Digits): <input type="checkbox"/></p> <p>Or</p> <p>Individual Taxpayer Identification Number: <input type="checkbox"/></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none; text-align: center;"> X X X - X X - _____ </td> </tr> <tr> <td style="border: none; text-align: center;"> (provide last 4 digits)</td> </tr> <tr> <td style="border: none; text-align: center;"> _ _ _ - _ _ _ _ _ _ _ _ _ _ </td> </tr> </table>	X X X - X X - _____	(provide last 4 digits)	_ _ _ - _ _ _ _ _ _ _ _ _ _
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(provide last 4 digits)				
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4. Please state the amount of the claimed loss and provide an itemization of same.

B. Information About Your Compensation Period

Your compensation period, if any, will commence March 17, 2019.

C. Information About Your Claiming Job(s)

1. Provide the following information about your Claiming Job(s). A "Claiming Job" is the job held or secured by you as of March 17, 2019, for which you are seeking compensation for losses related to the Incident. You can have more than one Claiming Job. Your Claiming Job(s) must be a job that you held during your Compensation Period. Enter your employer's address and information below. If you are seeking compensation for more than one Claiming Job, photocopy Sections C through D of this Claim Form as many times as necessary for each Claiming Job for which you seek payment for losses.

Employer Name

Period of Employment

Street

From __/__/__ to: __/__/__

D. Documentation Required for an Individual Wage Loss Claim

In addition to this Claim Form, you must submit certain Supporting Documentation to prove your Individual Loss Claim. If you do not submit the required Supporting Documentation, the Claims Administrator will not be able to review your claim and you will not receive payment for your claim.

Verification of employment and wage loss from your employer.

Authorization for Release of Employment or Educational Records.
Authorization may be required.

W-9 Form.

E. Other Claims

If you believe you have suffered other personal claims, please describe the loss with specificity including all items and amounts claimed and the date of such services. Submit all documents supporting your claim.

F. Payment

- 1. If your claim is approved, ITC** will make any payments to which you are entitled directly to you by check. Payment checks will be sent by First Class Mail to the address you provided in the Registration Form. **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.

G. 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 individual 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

The claimant must sign this Claim Form personally. No one can sign on behalf of the claimant unless the claimant is deceased, a Minor, or Incompetent. If the claimant is deceased, a Minor, or Incompetent, an authorized Representative may sign.