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MUST BE FILED ONLINE
OR
POSTMARKED
NO LATER THAN
January 31, 2020

Commercial/Business Claim Form
Columbia Gas Explosion

In re Columbia Gas Cases,
Civil Action No. 1877CV01343G
Superior Court of Massachusetts

CASE SETTLEMENT CLAIM FORM

**For Office Use
Only**

CLASS MEMBER INFORMATION

Make address changes below:

Address 1

Address 2

City

State

Zip

I. Complete the following if represented by an Attorney:

Attorney Name

Law Firm

Address

City

ST

Zip

II. Damage Claim for Outstanding Losses or Expenses:

If you have suffered losses or expenses arising from the September 13, 2018 Fires and Explosions that have not been compensated by Columbia Gas, you have the right to submit a claim for those losses or expenses for evaluation by the Claims Administrator. The Claims will undergo detailed review by the Claims Administrator (and must be supported by substantial evidence) and will take several additional months to review. ***There is no guarantee that your Claim will be approved.***



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State the basis for your claim of uncompensated or outstanding losses or expenses (attach additional pages as necessary), including your Employer Identification Number and a copy of any city, county and/or state licenses for your business:

Identify and attach all forms of proof submitted to support your claim of uncompensated or outstanding losses or expenses (attach additional pages as necessary):

Have you received compensation directly from Columbia Gas? ___ Yes or ___ No

- If yes, how much compensation did you receive and for which losses?

Compensation:	Description of loss:
\$ _____ . ____	
\$ _____ . ____	
\$ _____ . ____	
\$ _____ . ____	
\$ _____ . ____	

III. Affirmation and Certification (all must complete this section):

All Claims Submitted Will Be Subject To Audit

By signing below and submitting this claim, I swear or affirm under penalty of perjury that all information contained herein and all information submitted to the Claims Administrator is truthful and accurate.

Signature of Claimant

___ ___ / ___ ___ / _____
Date

