

## **SIMPLE CLAIM FORM FOR BUSINESSES, NON-PROFIT OR GOVERNMENTAL ENTITIES**

### **Water Contamination Settlement**

#### **You should complete this form if:**

- Your Business (which includes commercial business, not for profit entity or governmental entity) operated in a property provided tap water service from West Virginia American Water's Kanawha Valley Water Treatment Plant ("KVTP") on **January 9, 2014, AND**
- You are requesting a simple claim payment for your Business. The Simple Claim Payment Option is explained in the Notice and in the FAQs.

The estimated amounts recoverable by completing this Simple Claim Form are set forth in the chart below. You may want to file an Individual Review Claim Form (rather than this Simple Claim Form) if the damages you can prove you suffered are higher than the amount you may receive through filing this Simple Claim Form.

If you have questions on which claim form you should file, contact the Settlement Administrator for assistance by calling 1-855-829-8121 or submit a question at [www.wvwaterclaims.com](http://www.wvwaterclaims.com).

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### **COMPLETING THIS FORM**

If you complete this form and request a simple claim payment, your Business may not seek any other type of recovery under this Settlement. Only one Claim Form may be submitted per business property location. If your Business operated at multiple locations within the KVTP service area, you should submit a Claim Form for each separate Eligible Business Location. If you operated your business from a Residential Location, you may submit only one Claim Form – either a Business Form or a Residential Form but not both. If more than one independent Business operated at the same property location, each Business may submit a separate Claim Form. Please see the Instructions for more information.

You may complete and submit this form online through the process described at [www.wvwaterclaims.com](http://www.wvwaterclaims.com), or by mail. The Claim Form must be submitted or postmarked no later than **February 21, 2018**.

Mail the Claim Form to:

WV Water Settlement Administrator  
P.O. Box 4227  
Charleston, WV  
25364

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. THE INSTRUCTIONS CONTAIN IMPORTANT DEFINITIONS AND INFORMATION.

### **WHAT HAPPENS AFTER I SUBMIT THIS CLAIM FORM**

- For detailed information, go to [www.wvwaterclaims.com](http://www.wvwaterclaims.com).
- If your Business operated at an Eligible Business Location and you submit this Simple Claim Form for Business Claims, you will receive a payment based on the nature and status of your Business as of January 9, 2014, as well as its 2013 Annual Revenue or Substitute Revenue Data. The payment amounts will be determined after all Claims have been submitted and reviewed by the Settlement Administrator. The parties have estimated that Businesses that submit the Simple Claim Form may receive:

	Estimated Uniform Payment		
<b>Businesses Required to Shut Down or Partially Shut Down*</b>	<b>Annual Revenue up to and including \$1 Million</b>	<b>Annual Revenue More Than \$1 Million</b>	
	\$1,875 plus 4% of annual revenue	\$41,875	
<b>Lodging Businesses</b>	<b>Annual Revenue up to and including \$156,250</b>	<b>Annual Revenue over \$156,250 and up to and including \$2 Million</b>	<b>Annual Revenue More Than \$2 Million</b>
	\$5,000	3.2% of annual revenue	\$64,000
<b>Other Eligible Business Locations</b>	\$1,875		

\* The terms "Shut Down" and "Partially Shut Down" are defined in the Instructions.

- Under the terms of the Settlement, you are giving up any claims you have against the Defendants arising out of or related to the Incident. That means you cannot receive a settlement payment and also file a lawsuit or other claim against the Defendants arising out of or related to the Incident.
- When will I receive payment? The Settlement Administrator will be able to distribute payments after the Court issues a final approval order, including any appeals – that is, an order approving the Settlement that has become final - and after the Settlement Administrator receives and reviews all the claims. If the parties all agree and can demonstrate to the Court that any appeals do not affect payments to Class Members, the Court may decide to allow payments to some Class Members while the appeals are pending. The Court has scheduled a final approval hearing on January 9, 2018 at 10 a.m..

## BUSINESS CLAIM FORM

<b>Part 1. Claim Information</b>	
<b>Claim Identification Number</b> (if you received a notice of this Settlement in the mail, please provide the Claim Identification Number that appears on that notice here. The identification number is located on the top left portion of the Simple Claim Forms that were enclosed with the notice)	
<b>West Virginia Water Account Number</b> (if your Business was listed on the West Virginia Water account for the business address listed in Part 2 below in 2014, provide your account number here)	

<b>Part 2. Identification of Business Claimant (All Claimants Must Complete)</b>	
<b>Information for Business:</b>	
<b>Name and title of Authorized Person completing this form on behalf of the Business:</b>	
First Name:	
Middle Name or Initial:	
Last Name:	
Title:	
<b>Business Name:</b> (If your business is commonly known by another name, please provide both the legal name and the business's common name)	
<b>Business Type:</b> (Corporation, Partnership, LLC, Sole Proprietorship, etc.)	
<b>Tax Identification Number or SSN or EIN:</b>	

<b>Location (address) of Business on January 9, 2014:</b>	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	

<b>Nature of and description of business activity conducted at this location as of January 9, 2014</b>	
<b>Current address of Authorized Person to whom future correspondence should be sent:</b>	
<b>Name</b>	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
<b>Email:</b>	
<b>Current Telephone Number of Authorized Person:</b>	

**Part 3. Information about Business Status and Revenue (All Claimants Must Complete)**

**The amount of the payment your Business may be eligible to receive from the Settlement depends on the nature and status of your Business as of January 9, 2014. Please answer the following questions.**

1. Was this Business a non-profit entity as of January 9, 2014? <i>If No, proceed to question 2. If yes, proceed to question 8.</i>	Yes	No
2. Was this Business a Governmental Entity as of January 9, 2014? <i>If No, proceed to question 3. If yes, proceed to Part 4 (Verification).</i>	Yes	No
3. Was this Business required to Shut Down by regulation or by a governmental agency at any time during the Do Not Use Period as a result of the Freedom Chemical Spill? <i>If No, proceed to question 4. If Yes, proceed to question 5.</i>	Yes	No
4. Was this Business required to Partially Shut Down by regulation or by a governmental agency at any time during the Do Not Use Period as a result of the Freedom Chemical Spill? <i>If No, proceed to question 6. If Yes, proceed to question 5.</i>	Yes	No
5. If Yes to either 3 or 4 and your Business was not a Lodging Business on January 9, 2014, please place an "X" next to the dollar range that accurately describes the Annual Revenue in 2013 for the Business (or, in the case of businesses that had a Partial Shut Down, the Annual Revenue for the portion of the Business that was Shut Down):	Up to and including \$1 million	
	Over \$1 million	

*Documentation: You must submit business documents or other Substitute Revenue Data that show the Annual Revenue in 2013 for the Business or portion of the Business that was Shut Down. If you do not submit Annual Revenue documentation, you will receive compensation at the lowest tier. If requested by the Settlement Administrator you must submit documents demonstrating that the Business was Shut Down or Partially Shut Down.*

*If your Business was a Lodging Business on January 9, 2014, proceed to question 6. Otherwise, proceed to Part 4.*

6. Was this Business a Lodging Business as of January 9, 2014?	Yes	No
<i>If No, proceed to question 7.</i>		
<p><i>If "Yes" please place an "X" next to the dollar range that accurately describes the Annual Revenue for the Business location during 2013:</i></p> <p><i>Documentation: You must submit business documents or other Substitute Revenue Data that show the Annual Revenue for the Business location during 2013. If you do not submit Annual Revenue documentation, you will receive compensation at the lowest tier. If requested by the Claims Administrator, you must submit documents confirming that your Business was a Lodging Business.</i></p> <p><i>Proceed to Part 4.</i></p>		Up to and including \$156,250
		Over \$156,250 and up to and including \$2,000,000
		Over \$2,000,000
7. This Business was a Commercial Business that was not Shut Down or Partially Shut Down.	Yes	No
<i>Proceed to question 8.</i>		
8. Was the Business operated in a Residential Location?	Yes	No
<i>Proceed to Part 4 (Verification).</i>		

<b>Part 4. Verification</b>			
<b>By signing this Claim Form, I confirm under penalty of perjury that the information provided above is true and correct, and that:</b>			
<p>(a) I am authorized to make this Claim on behalf of the Business listed above;</p> <p>(b) I understand that there can be only one Claim Form per Business Location and to the best of my knowledge no one else has filed a separate Business Claim Form for this specific Business Location and no one has filed a Residential Claim Form for the specific Business Location; and</p> <p>(c) I further attest and confirm that the Business suffered Property Damage as a result of the Freedom Chemical Spill. Property Damage means physical damage to or destruction of tangible property resulting from the Freedom Chemical Spill. Property Damage includes the presence of chemical or chemical residue in the water system (pipes and other components) from the Freedom Chemical Spill that required cleaning and flushing the water system to remove such residue and/or that certain components of the water system had to be cleaned or replaced as recommended in the instructions provided by West Virginia American Water.</p>			
<b>Date:</b>	<b>Signature of Duly Authorized Representative:</b>		
<b>If you are a legal representative completing this form on behalf of a Business, you must complete the following:</b>			
<b>Name of Legal Representative:</b>	<b>Legal Representative Address:</b>	<b>Telephone Number:</b>	<b>Email Address:</b>
Please attach documentation that you have been duly appointed as legal representative for the Claimant on whose behalf you are submitting this claim form and are authorized to submit this Claim Form on Claimant's behalf.			

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## **SIMPLE CLAIM FORM FOR BUSINESSES, NON-PROFIT OR GOVERNMENTAL ENTITIES**

### **Instructions**

Please read the entire Claim Form and the Instructions carefully before you complete the form. Type or print legibly in blue or black ink. Capitalized terms are defined in the Amended Settlement Agreement and also discussed in the detailed notice available at [www.wvwaterclaims.com](http://www.wvwaterclaims.com).

Answer all applicable questions and provide all information and documents asked for on the Claim Form. **ONLY COMPLETE FORMS WILL BE PROCESSED.**

Make a copy of your completed Claim Form for your records. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. All copies of documentation submitted in support of this claim should be clear, legible and complete.

Your Claim will be reviewed and verified by the Settlement Administrator. The Settlement Administrator is appointed by the Court and is responsible for carrying out all the functions necessary to review the claims promptly and fairly. The Settlement Administrator is responsible for confirming the eligibility of all claims and for auditing claim submissions as necessary. The Settlement Administrator may contact you for additional information about your Claim.

If your Business operated at multiple locations within the KVTP service area, you should submit a Claim Form for each separate Eligible Business Location.

The term "Shut Down" means that the Business was (i) conducted at a location where the Business making the Business Claim possessed a West Virginia Business Registration Certificate for the location that is the subject of the Business Claim and (ii) with respect to that location, was subject to a regulation requiring it to cease operations, or to a direct order or instruction from a regulatory agency to cease the operations regulated by that regulatory agency, during the Do Not Use Period as a result of the Incident. A separate Business that operates at the same location as another Business and meets the definition of Shut Down is considered to have been Shut Down even if other separate Businesses operating in the same location were not Shut Down; however, an individual who leases space from a Business that was Shut Down but who does not have any ownership interest in the Business that was Shut Down does not meet the definition of Shut Down. A voluntary decision to cease or reduce operations does not meet the definition of "Shut Down" under this Settlement Agreement.

The term "Partially Shut Down" or "Partial Shut Down" means a Business that was Shut Down only with respect to certain activities conducted by the Business while other business activities continued (e.g., food service operations within a larger retail store). A separate Business that operates at the same location as another Business and meets the definition of Shut Down is considered to be Shut Down and not Partially Shut Down even if other separate Businesses operating in the same location were not Shut Down.

Generally, restaurants and barber and beauty shops were required or directed to Shut Down.

#### **Part 1**

If this section has been "prefilled" it contains the Claim Identification Number.

If you received a notice in the mail but are using a different claim form, or completing the claim form on line, please provide the Claim Identification Number that appears on the notice here if you have it. If you did not receive a notice in the mail, then leave this question blank. If your Business was listed on the West Virginia Water account for the business location in 2014, please provide your account number here.

#### **Part 2**

The Business is eligible to receive payment only if the Business was operated at an Eligible Business Location.

If this section is "prefilled" it contains information on your business as of January 9, 2014 provided by West Virginia American Water. If any information is incorrect or incomplete, please provide correct information in the space provided. If the prefilled address is a billing address and not the actual location of the business on January 9, 2014, you must enter the address of the business location as of January 9, 2014.

If the section is not prefilled, please provide the street address of the business location as of January 9, 2014 and the current contact address and other requested information in the designated spaces.

### **Part 3**

Please answer all applicable questions.

If your Business was Shut Down or Partially Shut Down please provide documents showing the annual revenue of the Business as described below.

If your Business was a Lodging Business, please provide documentation demonstrating that it was a Lodging Business and showing the annual revenue as described below.

The amount of the Simple Claim payment a Commercial Business may receive depends on whether the Business was Shut Down or Partially Shut Down or was a Lodging Business and the annual revenue of the Business. If your Business was not Shut Down or Partially Shut Down or a Lodging Business you will be eligible only for the lowest tier payment. If your Business was Shut Down or Partially Shut Down or was a Lodging Business and you do not provide annual revenue information for your category of Business, you will be eligible for the payment amount applicable to the lowest annual revenue level for your category of Business.

Please note that to be eligible for a payment for a Business that was Shut Down or Partially Shut Down, the Business must have a West Virginia Business Registration Certificate. In addition, an individual person who leases space from and does not have an ownership interest in a Business that was Shut Down or Partially Shut Down is not eligible to make a claim for Shut Down or Partial Shut Down.

**How to Demonstrate Annual Revenue:** You must submit reliable documentation of your annual sales revenue for 2013. If your Business was Shut Down then submit documentation for the entire Business. If your Business was Partially Shut Down, submit documentation for the portion of the Business that was Partially Shut Down. Reliable documentation means documents that are created in the ordinary course of your Business operation and that accurately reflect your sales in 2013. Such documents may include your internal financial statements or tax filings. If your 2013 sales data is for a partial year, please provide an explanation and provide additional sales data for 2015. You may contact the Settlement Administrator if you need clarification or if you have alternative revenue data that you would like to submit.

### **Part 4**

You MUST sign the verification. Without a signed verification, your claim will NOT be processed. By signing the verification, you acknowledge that under the terms of the Amended Settlement Agreement you are releasing all claims the Business Claimant has or may in the future have against the Defendants for the Business location identified in Part 1