

ATCO GAS AND PIPELINE LTD.
CLASS ACTION SETTLEMENT CLAIM FORM

No claims will be accepted without proper supporting documentation

Section 1 (A) – Class Member Identification (Homeowners or Tenants on May 17, 2016)

Class Member First Name: _____ Last Name: _____

Address: _____ P.O. Box: _____

City : _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Birth Date: Year _____ Month _____ Day _____

Date of Death (if applicable): Year _____ Month _____ Day _____

Attach a certified copy of the official death certificate

Section 1(A) – Class Member Identification (Insurer)

This section is to be complete only if submitting this form on behalf of an Insurance Company Class Member

Name of Insurance Company: _____

Insurance Company Representative First Name: _____ Last Name: _____

Name of Counsel (if Represented by Counsel): _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone Number: _____ Fax Number: _____

Section 2 – Representative Claimant Identification

This section is to be completed only if you are submitting a claim as the Representative of a Class Member. You MUST provide proof of your authority to act as the representative of a Class Member:

I am applying on behalf of a Class Member who is:

A minor (under 18 years of age)

Please enclose: (1) a copy of your authority to act (i.e. long-form birth certification, baptismal certificate, court order or other proof of guardianship); and (2) a completed Acknowledgement of responsibility (see Schedule 1).

A person under legal disability

Please enclose a copy of your authority to act (i.e. power of attorney, etc.)

Deceased

Please enclose a copy of your authority to act (i.e. will, court order, etc.)

Representative Claimant First Name: _____

Last Name: _____

Address: _____

P.O. Box _____

City : _____ Province: _____

Postal Code: _____

Phone Number: _____

Section 3 – Legal Representative Identification

This section is to be complete ONLY if a lawyer or agent is representing the Claimant. If you complete this section, all correspondence will be sent to your legal representative.

Name of Law Firm or Agency: _____

Lawyer's or Agent's First Name: _____ Last Name: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Business Phone Number: _____ Fax Number: _____

Section 4 – Losses Incurred by Uninsured Homeowners/Tenants and Costs Associated with Finalizing Insurance Settlement for Insured Homeowners

A. If Uninsured Homeowner or Uninsured Tenant on the date of loss (May 17, 2016):

1. Date of expiry of homeowner's or tenant's insurance policy: _____
2. Name of Insurance Company of previous homeowner's or tenant's insurance policy that was expired on the date of loss (May 17, 2016): _____
3. Policy Number: _____
4. Attach proof of expiry of homeowner's or tenant's insurance policy
5. List amounts of expenses and attached receipts:

| | |
|------------|----------|
| i. _____ | \$ _____ |
| ii. _____ | \$ _____ |
| iii. _____ | \$ _____ |
| iv. _____ | \$ _____ |

B. If Insured Homeowner or Tenant on the day of loss (May 17, 2016) and You Incurred Costs Associated with Finalizing Insurance Settlement, list amounts and attach receipts:

| | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
| 6. _____ | \$ _____ |
| 7. _____ | \$ _____ |

Section 5 – Insured Losses

This section is to be completed only if submitting this form on behalf of an Insurance Company Class Member

| Names of Insured(s) | Policy # | Claim # | Amount Paid by Insurer | Crawford's Assessment |
|---------------------|----------|---------|------------------------|-----------------------|
| 1. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 5. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 6. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 7. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 8. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 10. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 11. _____ | _____ | _____ | \$ _____ | \$ _____ |
| 12. _____ | _____ | _____ | \$ _____ | \$ _____ |
| | | | TOTAL | \$ _____ |

Section 6 – Disruption

1. Were you displaced from your home? _____ Yes _____ No
2. If “Yes” to 5(1), where did you stay while displaced from your home? (Provide address and contact information of person who can verify)

3. If “Yes” to 5(1), how many days were you displaced from your home? _____ days
(If more than one month, please complete the declaration below)

I, _____, hereby declare under penalty and perjury that I was displaced from my home/residence for more than one month.

Section 7 – General Damages

This section is to be completed only if you suffered psychological injury and were admitted into a Rehabilitation Centre or, for more than 7 days, a Hospital for the Psychological Injury.

Attach proof of admission into a Rehabilitation Centre or Hospital and Length of Hospital Admission

Name of Rehabilitation Centre or Hospital Admitted: _____

Date of Admission: _____ Date of Discharge: _____

Section 8 – Release of Claims

I verify that I have NOT received compensation through other proceedings or private out-of-class settlements and/or provided a release in respect of the explosion in Fort McMurray that occurred on May 17, 2016.

If you have received compensation or released claims, please provide details here:

Compensation: \$ _____

Details of Claims Released: _____

Section 9 – Claimant Declaration and Authorization

The undersigned hereby consents to the disclosure of the information contained herein to the extent necessary to process this claim for benefits. The undersigned acknowledges and understands that this Claim Form is an official Court document sanctioned by the Court that presides over the settlement and submitting this Claim Form to the Claims Administrator is equivalent to filing it with a Court.

The undersigned hereby authorizes the Claims Administrator to contact the Class Member as required in order to administer the claim.

After reviewing the information that has been supplied on this Claim Form, the undersigned declares under penalty of perjury that the information provided in this Claim Form is true and correct to the best of his/her knowledge, information and belief.

Date: _____

Claimant's Signature (or Claimant's Representative)

Printed Name of Claimant (or Claimant's Representative)

Date: _____

Signature of Claimant's Lawyer (if any)

Printed Name of Claimant's Lawyer

SCHEDULE 1 – GUARDIAN’S ACKNOWLEDGMENT OF RESPONSIBILITY
(*Minors’ Property Act (Section 8)*)

This acknowledgement of responsibility is given by:

Name of Guardian: _____

Address: _____

1. This acknowledgement of responsibility relates to the minor, _____ (name of minor), who was born on _____ (day, month, year).
2. I am the minor’s guardian because I am:
 the minor’s mother or father
 appointed guardian by the deed or will of the minor’s parent, _____ (name of parent) who is now deceased
 appointed guardian by a court order dated _____ (date of guardianship order)
3. I have the power and responsibility to make day-to-day decisions affecting the minor.
4. I request the Claims Administrator to deliver to me, to hold as trustee for the minor, money payable to the minor pursuant to the Settlement.
5. I will use or expend the money only for the minor’s benefit.
6. When the minor reaches the age of 18 years I will account to the minor and transfer the balance of the money remaining at that time to the minor.

Date: _____ Guardian’s Signature: _____

Witness Signature _____

Printed Name of Witness: _____