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MUST BE FILED ONLINE  
OR  
POSTMARKED  
NO LATER THAN  
January 9, 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**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address1

\_\_\_\_\_  
Address2

\_\_\_\_\_  
City ST 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 Settlement Administrator. The Claims will undergo detailed review by the Settlement 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:

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

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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 Settlement Administrator is truthful and accurate.

\_\_\_\_\_  
Signature of Claimant

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
Date

