

THOMSON ROGERS

LAWYERS

FEDERATED CLASS MEMBER CLAIMS

If your claim for business income loss coverage due to COVID-19 closures has been denied by Federated and your business was insured under a Federated Policy that contains "**business interruption coverage for losses arising from a "pandemic outbreak" declared by Civil Authority or 'public health authority'**", please complete this form. Please also attach a copy of the policy; proof of loss form, if prepared; and, a copy of Federated's denial letter.

CONTACT INFORMATION

1. Name: _____
2. Address: _____
3. Phone Number: _____
4. Email: _____
5. Name of insured business: _____

INSURANCE CLAIM AND POLICY

1. Name of Policy: _____
2. Date business closed and/or was restricted due to COVID-19: _____
3. Date business re-opened (if applicable): _____
4. Estimated business losses (total): _____
5. Estimated business losses (best 30 days since closure): _____

Any further comments

If you have any questions, please contact Ava Williams at 416-868-3130.

Once completed, please return to **Ava Williams** at awilliams@thomsonrogers.com