

AVIVA COVID-19 BUSINESS INTERRUPTION CLASS ACTION

LOSS CLAIM REPORTING FORM

Each Class Member is encouraged to submit a claim for coverage under their policy. This is important because the timeline for submitting a claim is in dispute and it will also help the parties evaluate the number of potential claims. The Plaintiffs therefore strongly encourage all Class Members to submit claims as soon as possible.

Please complete this form to submit notice of your claim.

BUSINESS/CONTACT INFORMATION

- 1. Name of Insured Business: _____
- 2. Name of Contact Person: _____
- 3. Street Address: _____
- 4. City: _____
- 5. Province: _____
- 6. Postal Code: _____
- 7. Phone Number: _____
- 8. Email: _____

INSURANCE CLAIM & POLICY

- 9. Policy Number: _____

10. Has your business made a claim to Aviva for business interruption losses sustained?

Yes No

A. If you answered "Yes," please provide details of the claim:

11. If your business has not made a claim to Aviva, does your business now wish to make a claim for business interruption losses sustained?

Yes No

A. If you answered "Yes," please describe the nature of your loss:

12. Was your loss due to an order or advice restricting access to your premises?

Yes No

A. If you answered "Yes," please provide a copy of the order or advice, if available. Please send a copy of the order or advice to info@AvivaClassAction.ca, noting your name and business name.