



Claims Questionnaire Data Guidelines

I. PURPOSE

The Fire Victim Trust (“Trust”) is developing the official Claims Questionnaire that will be required to file a claim and expects that it will be available for completion on 8/17/2020. The Trustee and Claims Administrator have prepared these guidelines describing the data that will be solicited on the Claims Questionnaire so that Claimants and their counsel may begin to gather and organize that data now. We have also prepared a corresponding Claims Questionnaire Data Summary, which is available in the Support section of your Portal and provides just the data points in a table format.

II. CLAIMANT DATA

A Claimant is the entity that pursues a claim with the Trust. Often a Claimant is an individual but may also be a business or legal entity, such as a Trust or Estate. For each Claimant the Trust will require the data described below:

A. Claimant Type

The type of Claimant who is pursuing the claim. The Trust recognizes the following five Claimant Types: (1) Individual; (2) Business; (3) Trust; (4) Estate; and (5) Government Entity. The Trust has pre-filled the Claimant Type on your Portal and this information will pre-fill your Claims Questionnaire if you complete it online. You can confirm the accuracy of the Claimant Type on your Portal now and update it as necessary using the Edit Claimant Details button on the Claimant page.

B. Demographic Information

The Trust will require the following data for each Claimant. You can confirm the accuracy of this demographic information on your Portal now and update it as necessary using the Edit Claimant Details button.

- 1. Taxpayer ID.** For individuals, the Taxpayer ID is typically a Social Security Number (“SSN”), and for Businesses, Trusts, Estates and other entities it is the Employer ID Number (“EIN”). If any individual does not have an SSN, you will instead be required to provide an Individual Taxpayer Identification Number (“ITIN”) or Foreign Identification Number (“FIN”) in the Taxpayer ID field and submit a copy of the ITIN authorization letter or home country records documenting the FIN.
- 2. Name.** For individual Claimants, there will be separate name fields for: (1) First Name; (2) Last Name; (3) Middle Initial; and (4) Suffix. An individual Claimant’s full first and last name will be required regardless of whether the Claimant is an adult or minor. For business Claimants and other entities, a single name field will be provided and required.



Claims Questionnaire Data Guidelines

3. **Date of Birth.** The date of birth will be required for all individual Claimants, regardless of their age.
4. **Gender.** Gender will be available for individuals but not businesses or other entities. You will be able to complete the Claims Questionnaire without this data point, though it may result in a deficiency later if the Lien Resolution Administrator requires it for purposes of lien resolution.
5. **Authorized Business Representative.** The first and last name of the individual authorized to act on behalf of the business or other Claimant entity will be required. There will also be fields the Middle Initial and Suffix of the individual, and his/her title.

C. Group Information

The Trust will allow claims from groups of Claimants to be filed together if their losses should be considered and processed together by the Trust. Usually these groups consist of a household but may also include related businesses and other entities. The Trust uses Group ID to link together multiple claimants into a single Group and you may update the Groups that appear on your Law Firm Portal by using the Add Claimant, Remove and Change buttons under the Group Information header for each Claimant. For Pro Se Claimants all Claimants appearing on your Portal are in your Group.

Group Information

+ Add Claimant Change Remove

Group ID:

Group Members:

Claimant ID	Name
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III. LOSS LOCATIONS





The Trust has identified the Loss Locations you listed on your Proof of Claim Form and has standardized those addresses so that they are recognized by the United States Postal Service and other address recognition databases.

A. Street Address Information

These Loss Locations will pre-fill the Claims Questionnaire when completed online. You can review and edit them as necessary now by clicking the blue pen in the Loss Location Information header for each Claimant on your Portal. In the resulting pop-up window you can edit the street address, APN, Fire Type (e.g. Camp, Butte or North Bay) and North Bay sub-fire type, if applicable.



Claims Questionnaire Data Guidelines

Loss Location Information				
Address	County	APN	Fire Type	
			Camp	 
			Camp	 

Loss Location

Street 1:

Street 2:

City:

State:

Zip Code:

County:

APN:

Fire Type:

North Bay Fire Type:

B. Additional Information for Real Property Claims

If you are filing a Real Property claim, you will need to provide the following additional data points for each address where the property damage occurred.

- 1. Whether you are a title owner of the Real Property.**
 - (a) If Yes, list all other title owners of the Real Property.
 - (b) If No, indicate whether you received an assignment of the right to make a claim related to the damage of the real property.
 - If you received such an assignment, you will also need to submit relevant documents reflect the assignment.
- 2. Whether you still own the Real Property.**
- 3. Whether you have repaired or restored the property.**
- 4. Whether you have a genuine desire to repair or restore the property.**
- 5. Supporting Documents.** Additionally, if you have documents identifying the Fair Market Value of the property immediately prior to or after the Fire, you may upload them to your file. This information is not required, as the Trust will



Claims Questionnaire Data Guidelines

provide an estimate during claims evaluation. You may upload these documents now using the Upload Claimant Documents feature on your Portal.

IV. CLAIMS DATA

The Trust will require data specific to the types of claims filed.

A. Real Property

Real Property claims are those that relate to the reduction in value or costs to repair/rebuild real estate damaged by an Included Fire. The Trust recognizes four sub-types of these claims: (1) Residential Real Property; (2) Commercial Real Property; (3) Other Structures; and (4) Forestry / Landscaping. You will be required to provide differing data depending on which of these claims you pursue.

- 1. Residential Real Property.** The Trust will require this data if you are filing a claim for a dwelling that was damaged by the fire. You will need to provide the following data for each address where the property damage occurred.
 - (a) Type of Dwelling.** Your response may include: (1) Apartment; (2) Manufactured Home; (3) Single Family Home; (4) Condominium; (5) Mobile Home; or (6) Multi-Family Home.
 - (b) Size of Dwelling.** Response to be provided in square feet.
 - (c) Whether you were renting the dwelling to other individuals.** If yes, you must provide a list of the individuals who rented the property.
 - (d) Whether the Dwelling was uninhabitable.**
 - (e) Whether you were Displaced by the Fire.** If yes, you must provide the date you were displaced.
 - (f) A brief description of the damaged residential property.** You may provide this description, but it is not required.
 - (g) Supporting Documents.** You may also upload documents supporting the claim, including records reflecting any improvements to the property or the cost to repair or replace the dwelling. This information is not required, as the Trust will provide an estimate during claims evaluation. You may upload these documents now using the Upload Claimant Documents feature on your Portal.
- 2. Commercial Real Property.** The Trust will require this data if you are filing a claim for a commercial property that was damaged by the fire. You will need to provide the following data for each address where the property damage occurred.



Claims Questionnaire Data Guidelines

- (a) **Type of Structure.** Your response may include: (1) Agricultural; (2) Hospitality / Lodging; (3) Retail; (4) Apartment / Condo Building; (5) Industrial; (6) Transportation / Airplane Related; (7) Commercial Office Building; (8) Mobile Home Park; (9) Educational / School Facility; (10) Parking Structure / Facility; (11) Healthcare / Medical Facility; (12) Public / Community Facility; or (13) Other, for which you will be required to provide a description.
 - (b) **Size of Commercial Structure.** Response to be provided in square feet.
 - (c) **Estimated or actual cost of repairing or rebuilding the commercial property.** Response to be provided in a currency field.
 - (d) **A brief description of the damaged commercial property.** You must provide this description.
 - (e) **Supporting Documents.** You must also upload documents supporting the claim, including records reflecting any improvements to the property. You may upload these documents now using the Upload Claimant Documents feature on your Portal.
3. **Other Structures.** The Trust will require this data if you are filing a claim for a other non-habitable structures that were damaged by the fire. You will need to provide the following data for each address where the other non-habitable structures stood.
- (a) **Type of Structure.** Your response may include: (1) Barn; (2) Detached Garage; (3) Pumphouse; (4) Outhouse; (5) Shed / Storage Unit; (6) Shop; or (7) Other, for which you will be required to provide a description.
 - (b) **Size of Commercial Structure.** Response to be provided in square feet.
 - (c) **Features.** Whether the non-habitable structure included any of the following features: (1) Electricity; (2) Permanent Foundation; and (3) Plumbing.
 - (d) **A brief description of the damaged structure.** You may provide this description.
 - (e) **Supporting Documents.** You must also upload documents supporting the claim, including records reflecting cost to repair or replace the damaged or destroyed structures. You may upload these documents now using the Upload Claimant Documents feature on your Portal.
4. **Forestry / Landscaping.** The Trust will require this data if you are filing a claim for landscaping, shrubbery, vegetation or forestry that were damaged by the fire.



Claims Questionnaire Data Guidelines

You will need to provide the following data for each address associated with the forestry / landscaping losses.

- (a) **A brief description of the damage.** You must provide this description.
- (b) **Acreage of Damage.** Response to be provided in acres.
- (c) **Estimated or Actual Cost to Replace the Trees and Landscaping.**
Response to be provided in a currency field.
- (d) **Supporting Documents.** You must also upload documents supporting the claim. You may upload these documents now using the Upload Claimant Documents feature on your Portal.

B. Personal Property

The Trust will require this data if you are filing a claim for personal property that was damaged or destroyed by the fire. Personal property includes the contents of your home such as furniture, clothing, and household items as well as automobiles and other movable property. You will need to provide the following data for each address where the property damage occurred.

- 1. **Value of Lost or Damaged Personal Property.** Response to be provided in a currency field.
- 2. **A brief description of the Personal Property.** You must provide this description, or you may submit an itemized list of the damaged Personal Property.
- 3. **Supporting Documents.** You must also upload documents supporting the claim. You may upload these documents now using the Upload Claimant Documents feature on your Portal.

C. Business Income Loss

Business Income Loss claims are those that relate to lost revenues, inventory, commercial vehicles and other contents on behalf of a business affected by the Fire. These losses may also include increased business expenses stemming from those losses. For purposes of classifying your claim, if you are a sole proprietor and you file your federal taxes on a Form 1040 with a Schedule C, E or F that lists expenses, the Trust considers you to be a business Claimant. You will need to provide the following data for each business entity operating at the Loss Location you identify.

- 1. **Whether the claim relates to a physical injury that you sustained as a result of the Fire.**
- 2. **Whether the claim relates to damage to property in which you had a property interest at the time of the Fire.**



Claims Questionnaire Data Guidelines

3. **The Business' Address.**
4. **Business Industry.** You must provide the six-digit NAICS (North American Industry Classification System) Code used for tax filings or visit <http://www.naics.com/search> to determine which NAICS Code best represents your business.
5. **Industry Description.** You must provide a brief description of your business's industry.
6. **Business Owners.** For each owner of a non-publicly traded business, you must provide: (1) Owner Name; (2) Owner's Taxpayer ID; (3) % of Ownership; and (4) Legal Form of Entity if the owner is not a natural person.
7. **Whether the business permanently ceased operations and/or declared bankruptcy since the Fire(s).** If yes, you must indicate the date the business ceased operations and/or declared bankruptcy.
8. **Data for Each Loss Location Associated with the Business Loss.** You must provide the following data for each loss location associated with the business loss:
 - (a) **Business Interrupted as a result of the Fire(s).** If yes, you must indicate which Fire(s) caused business interruption.
 - (b) **Whether you resumed your business at the Loss Location or intend to.** If yes, you must provide the date the business operations resumed or are anticipated to resume. If no, you must provide an explanation of why.
 - (c) **Business Income Losses.** If you have business income losses at the location: (1) the Amount Claimed; (2) the Start Date and End Date of the period when the amount claim is calculated; and (3) whether your business is affected by seasonality.
 - (d) **Lost Inventory.** If you have lost inventory at the location: (1) the Amount Claimed; and (2) documentation supporting the lost inventory.
 - (e) **Commercial Vehicles.** If you lost commercial vehicles at the location: (1) the Amount Claimed; and (2) documentation supporting the lost vehicles.
 - (f) **Other Contents.** If your business suffered other damages such as lost computers and office supplies at the location: (1) the Amount Claimed; and (2) documentation supporting the loss.
 - (g) **Additional Remediation Expenses.** For each loss location where the business losses occurred, you may provide additional types and amounts of losses for the following items: (1) Increased / temporary security; (2)



Claims Questionnaire Data Guidelines

Temporary Utilities; (3) Temporary Labor; (4) Other Mitigation Steps such as relation or expedited shipping costs; and (5) Temporary Water Supply.

- 9. Additional Explanation.** You may provide any further information or explanation you would like to include regarding your business loss claim(s).

D. Personal Income Loss (Lost Wages)

Personal Income Loss claims are those that relate to lost wages affected by the Fire. You will need to provide the following data for each Claiming Job you identify. A “Claiming Job” is a job you held as of the date of the Fire, for which you are seeking compensation for lost wages related to the Fire. You can have more than one “Claiming Job.”

- 1. Whether the claim relates to a physical injury that you sustained as a result of the Fire.**
- 2. Whether the claim relates to damage to property in which you had a property interest at the time of the Fire.**
- 3. Whether you are claiming lost income as a result of damage to your employer’s property from the Fire.**
- 4. Employer Information.** For each Claiming Job, the following information about the employer: (1) Employer Name; (2) Address of Employer; (3) Employer Telephone Number; (5) Employer Identification Number [EIN from your W-2 or 1099 Form].
- 5. Employment Information:** For each Claiming Job, the following information about your employment: (1) Employment Start Date; (2) Employment End Date; (3) Length of time out of work; and (4) Total Lost Wages [\$].
- 6. Additional Explanation.** You may provide any further information or explanation you would like to include regarding your lost wages claim(s).

E. Emotional Distress

Emotional Distress claims include claims for mental anguish that you experienced fearing for your safety or the safety of your family while evacuating or sheltering-in-place during the Fire or from the loss of use or substantial interference with the use of or enjoyment of your property as a result of the Fire.

- 1. If you are making an Emotional Distress claim for the mental anguish that you experienced fearing for your safety or the safety of your family while evacuating or sheltering-in-place during the Fire, you must provide this data:**
 - (a) Whether you evacuated as a result of the Fire.** If yes, you must provide the Date and Time of the evacuation.



Claims Questionnaire Data Guidelines

- (b) **Whether you Sheltered-in-Place during the Fire.**
 - (c) **Evacuation or Shelter-in-Place Address.**
 - (d) **Relationship to Evacuation or Shelter-in-Place Address.** Whether the loss location from which you evacuated or where you sheltered-in-place is your: (1) Home; (2) School; (3) Work; or (4) Other [description required].
 - (e) **Whether you suffered a physical injury or illness as a result of the fire.** If yes, whether that injury was: (1) Burn; (2) Smoke Inhalation; or (3) Other [description required]. You must also indicate whether you received medical treatment for the injury, if yes.
 - (f) **Whether you received counseling or medical treatment for emotional or mental health reasons related to evacuating or sheltering-in-place as a result of the Fire.** If yes, you must provide: (1) the Diagnosis you received; (2) a description of the treatment you received; (3) Start Date of your treatment (4) End Date of your treatment; and (5) any medications prescribed. If you did not receive treatment, you must explain why.
 - (g) **Family Members.** You must provide the following information for each family member who was with you as you evacuated or sheltered-in-place at the time of the Fire: (1) name of individual; (2) relationship to you; (3) whether they suffered a burn, smoke inhalation, serious physical injury or illness; and (4) whether you were physically present and witnessed any of the above injuries to the individual.
 - (h) You may also provide a narrative explanation detailing your experience evacuating or sheltering-in-place as a result of the Fire and the Fire's impact on you and your family.
2. If you are making an Emotional Distress claim for the substantial interference with the use or enjoyment of property, you must provide this data:
- (a) **Property Address at the time of the Fire.** The address for the property which is the basis of your claim.
 - (b) **If Real Property, indicate your relationship to the property.** Your relationship may be: (1) Own; (2) Rent; or (3) Other [explanation required].
 - (c) **Whether you resided full-time or more than half of the time at the property.**
 - (d) **If you were displaced from the property as a result of the Fire.** If yes, you must provide the date you were displaced.



Claims Questionnaire Data Guidelines

- (e) **Whether you have resumed living at the property if you were displaced.**
If yes, you must provide the date you resumed living at the property.
- (f) **Whether you lost sentimental or irreplaceable personal property in the Fire.**
- (g) **Whether you received counseling or medical treatment for emotional or mental health reasons related to interference with the use of or enjoyment of your property stemming from the Fire.** If yes, you must provide: (1) the Diagnosis you received; (2) a description of the treatment you received; (3) Start Date of your treatment (4) End Date of your treatment; and (5) any medications prescribed. If you did not receive treatment, you must explain why.
- (h) **Narrative.** You may also provide a narrative explanation detailing your experience with the loss of use or substantial interference with the use of or enjoyment of your property from the Fire.

F. Personal Injury

Personal Injury claims means a physical bodily injury resulting from the Fire. If you suffered a personal injury for which you received medical treatment the Trust will require the following data:

1. **Whether the injury required a hospitalization.**
2. **The type of injury.**
3. **The date of the injury.**
4. **The Medical Provider / Facility that treated the injury.**
5. **Start date of treatment received.**
6. **End Date of treatment received.**
7. **Description of treatment.**
8. **Narrative Statement.** If desired, explain your recovery and how the injury has affected your life.
9. **Supporting Documents.** You may also upload documents supporting the claim. You may upload these documents now using the Upload Claimant Documents feature on your Portal.



Claims Questionnaire Data Guidelines

G. Wrongful Death

The Trust will provide requirements for Wrongful Death claims in a separate communication to firms and claimants who intend to assert this type of claim.

H. Other Out of Pocket Expenses

If you incurred out-of-pocket expenses resulting from the Fire or displacement from the Fire that was not covered by insurance or other assistance (*e.g.*, FEMA support, Wildfire Assistance Program payments), the Trust will require: (1) a description of the expense; (2) the expense amount; and (3) third-party records (*e.g.*, receipts, medical bills) showing that you paid the expenses out of pocket.

I. Other Damages

If you are claiming damages resulting from the Fire not specifically contemplated in any other section of the Claims Questionnaire the Trust will require: (1) a description of the claim; (2) the requested amount; and (3) supporting documents.

V. MEDICAL INSURANCE

You will be asked to provide the following information if you had medical insurance which covered any of the injuries for which you are submitting a claim:

A. Whether the Claimant has lived in any state other than California since the Fire

If Yes, you will be required to identify the Other State.

B. Certain Federal Medical Insurance Information

If you received healthcare or prescription drug benefits from: (1) Department of Veterans Affairs; (2) TRICARE; or (3) Indian Health Service the following data: (1) Claim Number; (2) Enrollment Start Date; (3) Enrollment End; (4) Branch; (4) Sponsor; (5) Sponsor's SSN; (6) Treating Facility; (7) Tribe [Indian Health Service, only].

C. Other Governmental Body Insurance

If you were entitled to receive medical items, services, and/or prescription drugs from any federal, state, or other governmental body, agency, department, plan, program, or entity that administers, funds, pays, contracts for, or provides medical items, services, and/or prescription drugs not listed in Section V.A, he/she will be required to provide the following information: (1) Name of Plan/Entity; (2) Policyholder Name; (3) Policy Number; (4) Medical Condition Covered by Plan/Entity.

D. Private Health Insurance Plan



Claims Questionnaire Data Guidelines

If you received medical treatment for any claimed physical injury, emotional distress, or mental health issue that was covered by a Private Healthcare Insurance Plan or other form of payment, he/she will be required to provide the following information for each such plan or entity. Include the complete name of the health plan (i.e., “BCBS of Illinois” and not “Blue Cross” or “BCBS”): (1) Name of Plan/Entity; (2) Policy Holder Name; (3) Policy Number; (4) Medical Condition Covered by Plan Entity.

E. Private Health Plan Lien Resolution Programs

Upon submission of the Claims Questionnaire the Claimant will automatically enroll in the Private Lien Resolution Program unless he/she elects to opt out of the program by checking a box on the Claims Questionnaire. The disclosures on the Claims Questionnaire regarding the PLRP will read as follows:

The Lien Resolution Administrator (“LRA”) may administer one or several Private Lien Resolution Programs (each a “PLRP”) with private health insurance plan representatives to identify and resolve private health insurance liens, including those with Medicare Part C plans, Group Health Plans, and employer sponsored self-funded ERISA plans. All settling claimants are automatically enrolled in any established PLRPs.

The PLRP terms are currently being negotiated but are historically advantageous for the vast majority of claimants in settlements because the programs offer pre-negotiated discounts on health plan lien amounts, typically between 30% and 35% (after the LRA’s audit review for injury related claims) and caps on reimbursement amounts in high medical claim situations. The programs also provide specified timelines for resolution. And finally, the PLRPs can only assert liens where the law permits.

***** ONLY CHECK THE BOX BELOW IF YOU DO NOT WANT TO PARTICIPATE IN THE LRA’S PRIVATE LIEN RESOLUTION PROGRAMS THAT CONTAIN PRE-NEGOTIATED HEALTH PLAN LIEN DISCOUNTS AND REIMBURSEMENT CAPS *****

UPON ELECTING NOT TO PARTICIPATE IN ANY ESTABLISHED PLRPS, I understand that I will not receive the benefit of pre-negotiated lien discounts and reimbursement caps. I further understand that although I have opted out of any established PLRPs by indicating such below, I may still have a health plan lien obligation with my current or former private health insurance plan, including Medicare Part C (also known as Medicare Advantage), and that the LRA may still be required to resolve my lien or liens on my behalf.

VI. OTHER INSURANCE INFORMATION



Claims Questionnaire Data Guidelines

You will be required to provide the following information if you submitted an insurance claim associated with a claim for property damage or business losses filed on the Claims Questionnaire:

A. Insurance Coverage Type

The Trust will require you to identify the type of insurance among the following options:

- 1. Dwelling (typically Coverage A).** For this type of coverage, you will be able to identify the following sub-types: (1) Extended/Enhanced Replacement Cost Coverage; (2) Code Upgrade Coverage; Debris Removal; and (4) Landscaping.
- 2. Other/Appurtenant Structures (typically Coverage B).** For this type of coverage, you will be able to identify the following sub-types: (1) Extended/Enhanced Replacement Cost Coverage; (2) Code Upgrade Coverage; and (3) Debris Removal.
- 3. Personal Property (typically Coverage C).**
- 4. Loss of Use / Additional Living Expense (typically Coverage D).** This coverage type will include coverage for Rental Loss.
- 5. Damage to Business Structure.** For this type of coverage, you will be able to identify the following sub-types: (1) Extended Replacement Cost; (2) Code Upgrade; (3) Debris Removal; and (4) Business Fixtures.
- 6. Business Interruption Loss.** For this type of coverage, you will be able to identify the following sub-types: (1) Extra Expense; and (2) Evacuation Expense.
- 7. Business Personal Property.**
- 8. Other.**

B. Data Regarding Each Insurance Coverage Type

The Trust will require you to provide the following information for each Insurance Coverage entered: (1) Name of Insurance Carrier; (2) Insurance Policy Number; (3) Policy Limits; (4) How much you were paid; and (5) Estimated Amount Not Covered.

VII. OTHER ASSISTANCE

You will be required to provide the following information if you received a Small Business Association (SBA) loan, support from the Federal Emergency Management Agency (FEMA), and/or a Wildfire Assistance Program payment. Each question will be asked for each aforementioned sources of assistance: (1) Entity Providing Assistance; (2) Name of Recipient; (3) Amount Received; (4) Date Received; (5) Purpose of Assistance; (6) Whether the Assistance



Claims Questionnaire Data Guidelines

Requires Repayment; (7) Whether the Assistance was Repaid; and (8) Date of Repayment or Date Repayment is Due.

You will also be asked whether you receive the following Governmental benefits: (1) Assistance Dog Special Allowance Program (ADSA); (2) California Food Assistance Program (CFAP); (3) CalFresh; (4) CalWorks; (5) Cash Assistance Program for Immigrants (CAPI); (6) In Home Supportive Services (IHSS); (7) General Assistance (GA)/General Relief (GR); (8) Medicaid (Medi-Cal); (9) Section 8 Housing/Low Income Housing; (10) Social Security Income (SSI); (11) Social Security Disability Insurance (SSDI); or (12) Supplemental Nutritional Assistance Program (SNAP).

VIII. BANKRUPTCY

You will be required to answer whether you have been a debtor in a bankruptcy proceeding that (a) commenced on or after the date of the Fire or (b) commenced before but remained open on the date of the Fire.