



**A. Affected Cards**

In the boxes provided below, please provide the last four digits of the card number for each credit or debit card that you used at a Kimpton hotel or restaurant between February 16, 2016, and July 7, 2016.

Please be advised that if you have more than five (5) affected cards, you must submit a separate Claim Form for the additional cards. Note that the "Submit a Claim" feature of the Settlement Website supports up to ten (10) affected cards per submission.

Affected Card 1:

Affected Card 2:

Affected Card 3:

Affected Card 4:

Affected Card 5:

**B. Out-Of-Pocket Expenses**

Check the box for each category of out-of-pocket expenses, fraudulent charges, or lost time that you had to pay as a result of the Kimpton Security Incident. Please be sure to fill in the total amount you are claiming for each category and attach documentation or provide a description of the charges as described in **bold type** (if you provide account statements as part of required proof for any part of your claim, you may redact unrelated transactions, if you wish). Please note that your claim is subject to audit and in certain instances supporting documentation may be requested by the Settlement Administrator for the purposes of verifying your claim.

I. Ordinary Expenses Resulting from the Kimpton Security Incident

Fees or other charges from your bank or credit card company due to fraudulent activity on your card.

Total amount for this category: \$  .

Examples: Overdraft fees, over-the-limit fees, late fees, or charges due to insufficient funds or interest.

**Required: A copy of a bank or credit card statement or other proof of claimed fees or charges (you may redact unrelated transactions); or, a description of the fees or other charges, here:**

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Fees or other charges relating to the reissuance of your credit or debit card.

Total amount for this category: \$  .

Examples: Fees that your bank charged you because you requested a new credit or debit card.

**Required: Attach a copy of a bank or credit card statement or other receipt showing these fees (you may redact unrelated transactions); or, provide a description of the fees or other charges, here:**

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Fees relating to your account being frozen or unavailable.

Total amount for this category: \$  .

Examples: You were charged interest by a payday lender due to card cancellation or due to over-limit situation. You had to pay a fee for a money order or other form of alternative payment because you could not use your debit or credit card.

**Required: Attach a copy of receipts, bank statements, credit card statements, or other proof that you had to pay these fees (you may redact unrelated transactions); or, provide a description of the fees, here:**

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Other incidental telephone, internet, or postage expenses directly related to the Kimpton Security Incident.

Total amount for this category: \$  .

Examples: Long distance phone charges, cell phone charges (only if charged by the minute), or data charges (only if charged based on the amount of data used).

**Required: Attach a copy of the bill from your telephone company, mobile phone company, or internet service provider that shows the charges (you may redact unrelated transactions); or, provide a description of the expenses, here:**

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Credit Reports, identity theft insurance, or credit monitoring charges.

Total amount for this category: \$  .

Examples: The cost of a credit report, identity theft insurance, or credit monitoring service(s) that you purchased after hearing about the Kimpton Security Incident.

**Required: Attach a copy of a receipt or other proof of purchase for each credit report or product purchased (you may redact unrelated transactions); or, provide a description of the purchase:**

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Between one (1) and five (5) hours of documented time spent dealing with replacement card issues or in reversing fraudulent charges that occurred as a result of the Kimpton Security Incident (round to the nearest hour and check only one box).

1 Hour     2 Hours     3 Hours     4 Hours     5 Hours

Examples: You spent at least one (1) full hour calling customer service lines, writing letters or emails, or on the internet in order to get fraudulent charges reversed or in updating automatic payment programs because your card number changed. Please note that the time that it takes to fill out this Claim Form is not reimbursable and should not be included in the total number of hours claimed.

**Required: If time was spent on the telephone or online, in the space below, describe what you did, or attach a copy of any letters or emails that you wrote. If the time was spent trying to reverse fraudulent charges, describe what you did. If the time was spent updating accounts due to your card being reissued, identify the other accounts that had to be updated (you may redact unrelated transactions).**

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II. Reimbursed Fraudulent Charges

Did you also have fraudulent charges to a credit or debit card account that were reversed or repaid? (If so, in addition to your out-of-pocket expenses, you are eligible to claim a \$25 cash payment for each debit or credit card on which fraudulent charges were made and reversed or repaid, to compensate for lost time associated with seeking reimbursement for the fraud. *See* Section 2.1 of the Settlement Agreement.)

If so, how many cards had fraudulent charges that were reversed or repaid?

**Recommended: For each card, provide a card statement or other documentation showing (1) one or more fraudulent charges were posted to your account that you believe were caused by the Kimpton Security Incident, and (2) the charges were later reversed or reimbursed by the bank or credit card company (you may redact unrelated transactions).**

III. Extraordinary Expenses

Unreimbursed fraudulent charges.

Total amount for this category: \$  .

Examples: Fraudulent charges that were made on your credit or debit card account and that were not reversed or repaid even though you reported them to your bank or credit card company. *Note: most banks are required to reimburse customer in full for fraudulent charges on payment cards that they issue.*

**Required: Attach a copy of statements that show the fraudulent charges and any correspondence showing that you reported the charges as fraudulent. If you do not have anything in writing, tell us the approximate date that you reported and to whom you reported the fraudulent charge. (You may redact unrelated transactions.)**

Date reported:  -  -   
MM DD YY

Description of the person(s) to whom you reported the fraud:

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Check this box to confirm that you have exhausted all applicable insurance policies, including credit monitoring insurance and identity theft insurance, and that you have no insurance coverage for these fraudulent charges.

Other unreimbursed out-of-pocket expenses that were incurred as a result of the Kimpton Security Incident that are not accounted for in your response above.

Total amount for this category: \$  .

Examples: This category includes any other unreimbursed expenses or charges that are not otherwise accounted for in your answers to the questions above, including any expenses or charges that you believe were the result of an act of identity theft.

**Required: Describe the expense, why you believe that they are related to the Kimpton Security Incident, and provide as much detail as possible about the date you incurred these expenses and the company or person to whom you had to pay them. Please provide copies of any receipts, police reports, or other documentation supporting your claim. The Settlement Administrator may contact you for additional information before processing your claim.**

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Check this box to confirm that you have exhausted all credit monitoring insurance and identity theft insurance you might have for these out-of-pocket expenses before submitting this Claim Form.

**C. Certification**

I declare under penalty of perjury under the laws of the United States and the State of \_\_\_\_\_ that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below.

I understand that I may be asked to provide supplemental information by the Settlement Administrator or Claims Referee before my claim will be considered complete and valid.

Print Name

Signature

Date   -   -    
MM DD YY

**D. Submission Instructions**

Once you have completed all applicable sections, please mail this Claim Form and all required supporting documentation to the address provided below, postmarked by **August 22, 2019**.

Kimpton Settlement Administrator  
P.O. Box 4079  
Portland, OR 97208-4079