

Exhibit F



3106400000000

MUST BE FILED
ONLINE OR
POSTMARKED
NO LATER THAN
<<DATE>>

In re: East Palestine Train Derailment
United States District Court for the Northern
District of Ohio
Case No. 4:23-cv-00242

For Office Use
Only

BUSINESS LOSS CLAIM FORM

CLASS MEMBER INFORMATION

<<FirstName>> <<LastName>>

<<Address1>>

<<Address2>>

<<City>>, <<ST>> <<Zip>>-<<Zip4>>

Make address changes below:

Address 1

Address 2

City

State

Zip

I. Complete the Following If Represented by an Attorney:

Attorney Name

Law Firm

Address

City

ST

Zip

II. Claim for Actual Net Business Loss:

If you have suffered actual net business losses arising from the February 3, 2023 derailment of Norfolk Southern Train 32N, including the February 6, 2023 "vent and burn" (the "Incident"), that have not been compensated by Norfolk Southern, you have the right to submit a claim for those losses 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.*



TBD



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State the basis for your claim of uncompensated or outstanding actual net business losses (attach additional pages as necessary), including your Employer Identification Number and a copy of any city, county and/or state licenses for your business:

Identify and attach all forms of proof submitted to support your claim of uncompensated or outstanding actual net business losses (attach additional pages as necessary). **You must include, at a minimum, your business' federal tax returns for 2022 and 2023, or if your business is not incorporated or does not otherwise have an independent legal status or identify, your personal tax returns for 2022 and 2023:**

Have you received compensation directly from Norfolk Southern? ___ Yes or ___ No

- o If yes, how much compensation did you receive and for which losses (attach additional pages as necessary)?

Compensation:	Description of loss:
\$_____.	
\$_____.	
\$_____.	
\$_____.	
\$_____.	

Have you made any claim for insurance? ___ Yes or ___ No

- o If yes, identify your insurer, and how much you received from insurance and for which losses (attach additional pages as necessary)? Please note that you have an ongoing obligation to provide updates on any insurance payments received, if applicable.



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Insurer Name and Contact Information



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Compensation:	Description of loss:
\$ _____.	
\$ _____.	
\$ _____.	
\$ _____.	
\$ _____.	

III. Affirmation and Certification

By signing below and submitting this claim, I swear or affirm under penalty of perjury that I have valid, legal authority to act on behalf of the above-referenced business, that the above-referenced business has not been fully compensated for any losses incurred as a result of the Incident by prior insurance payments, and that all information contained herein and all information submitted to the Settlement Administrator is truthful and accurate.

Signature of Claimant

___/___/___
Date

Title



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