

1869 Upper Water Street

Suite PH 301, Pontac House

HALIFAX, NS B3J 1S9

[www.wagners.co](http://www.wagners.co)

Email: classaction@wagners.co

CRANE COLLAPSE

CLASS ACTION INTAKE FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about the proposed class action? \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_

**SECTION I: CONTACT INFORMATION**

**Claimant’s Name**

**For residents, please provide your name. For business owners, please provide your name, as business information will be provided in Section II B(i).**

*First Middle Last*

**Other names Claimant may be known as, if any (including maiden name, if applicable):**

*First Middle Last*

*First Middle Last*

**Claimant’s Date of Birth:**   **Claimant’s Place of Birth:**

Claimant’s Health Card #: H/C Issuing Province:

**Claimant’s Mailing Address: Property Address:**

 **(if different than Claimant’s Mailing Address)**

Email:

Home Phone: Cell Phone:

Other Phone: Facsimile:

**Claimant’s Preferred Form of Contact:**

Email: Reg. Mail: Phone:

**Contact Person (If Other Than Claimant) and His/Her Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Claimant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Mailing):

Email:

Home Phone: Cell Phone:

Other Phone: Facsimile:

Preferred form of contact:

Email: Reg. Mail: Phone:

**SECTION II: PROPERTY & EVACUATION INFORMATION**

**PART A: RESIDENT OF EVACUATED PROPERTY**

Do you currently reside in a property that was affected by the Emergency Evacuation Order stemming from the Crane collapse: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

**(If not, and you are completing this form because you’re a business owner, please go to Section II, Part B (i & ii) to complete the sections applicable to you.**

Did you have to evacuate your place of residence? Yes: No:\_\_\_\_\_\_\_\_\_\_

What date were you told to evacuate your residence?

How many days were you/have you been evacuated from your place of residence?

Do you own or rent your property?

Are you still required to pay rent, utilities, etc. at the evacuated residence? Yes:\_\_\_\_\_\_\_ No:\_\_\_\_\_\_\_\_

Approximate amount (CAD) of total above expenses you’ve paid during the evacuation:

If evacuated, are you paying additional rent, utilities, etc. at a new residence? Yes:\_\_\_\_\_\_\_ No:\_\_\_\_\_\_

Approximate amount (CAD) of total additional expenses:

Have you lost any income as a result of the crane collapse?

Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_ Unsure: \_\_\_\_\_\_\_\_\_\_

Approximate amount (CAD) (please explain how you reached this number):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you incurred any other expenses (e.g., travel costs, additional groceries, etc.) not otherwise described above as a result of the crane collapse?

Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_ Unsure: \_\_\_\_\_\_\_\_\_\_

Approximate amount (CAD):

*We ask that you please save all receipts / documentation of expenses for the time being.*

Have you received any offers to compensate your losses stemming from the crane collapse (e.g. from a developer, landlord, etc. – **not including insurance**)? If so, how much, and have you accepted?

*If available, please provide a copy of your communication. Electronic copies or scans may be emailed to us with your intake form at:* *classaction@wagners.co*

Do you have any insurance coverage for your losses stemming from the crane collapse? If so, please describe the insurance provider, terms of insurance and explain if you have made a claim and received any proceeds from your insurance policy (if you have received proceeds please provide the amount)

Please generally describe how the crane collapse has impacted your activities of daily living, enjoyment of life (etc.)

*If you do not have enough room to provide information on this Intake Form, please attach another document*

What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIN[[1]](#footnote-1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B(i): BUSINESS OWNER – Business Information**

If you are completing this form because you are the owner of a business that has been affected by the crane collapse, please provide the information below.

If you reside in a property that was affected by the by the Emergency Evacuation Order stemming from the Crane collapse, but do not own a business affected by the crane collapse, **you do not need to fill out Part B.**

Do you currently own a business that was affected by the Emergency Evacuation Order stemming from the crane collapse: Yes: \_\_\_\_\_\_ No: \_\_\_\_\_\_

What is the name of the business?

What is the type of business?

Did you have to evacuate your place of business? Yes: No: \_\_\_\_\_\_\_\_\_\_

What date were you told to evacuate your place of business?

How long have you been evacuated from your place of business?

Business address (if different than the address given in Section I)

Do you own or lease the building your business is located? Please check one:

Own

Lease Name of Landlord:

How did you decide on the location of your business?

Do you have employees? If so, how many?

Outline the disruption that the crane collapse has caused your business (i.e., sidewalk/pedestrian obstruction, noise, municipal services like water cut off, loss of parking, etc.)

**PART B(ii): BUSINESS OWNER – Financial Impact**

Are you/were you still required to pay rent, utilities, etc. while evacuated? Yes:\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

Approximate amount (CAD):

While evacuated, were you required to pay additional rent, utilities, etc. at a new location?

Yes:\_\_\_\_\_\_\_ No:\_\_\_\_\_\_

Approximate amount (CAD):

Have you lost any business revenue as a result of the crane collapse (estimates are fine; please describe how you reached this estimate)?

Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_ Unsure: \_\_\_\_\_\_\_\_\_\_

Approximate amount (CAD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you incurred any additional business expenses (e.g., travel costs, additional product, etc.) as a result of the crane collapse?

Yes: \_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_ Unsure: \_\_\_\_\_\_\_\_\_\_

Estimated amount (CAD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We ask that you please save all receipts / documentation of expenses for the time being.*

Do you have any applicable insurance coverage that covers any of your losses? If so, please provide the details and terms of your insurance plan, including provider.

If so, have you submitted a claim and received any proceeds from your insurance coverage (if yes please provide the amount received)?

Have you received any offers to compensate your losses stemming from the crane collapse (e.g. from a developer, landlord, etc. – **not including insurance**)? If so, how much, and have you accepted?

*If available, please provide a copy of your communication. Electronic copies or scans may be emailed to us with your intake form at:* *classaction@wagners.co*

What other impact(s) has the crane collapse had on your business? Detailed amounts of losses are not required at this time, but general estimates and observed trends would be helpful.

**SECTION III: OTHER INFORMATION**

Please provide any further information that you think may be useful for us to know as we gather information about the claims.

*If you do not have enough room to provide information on this Intake Form, please attach another document.*

**Thank you for completing this informational form. Upon receiving your contact information, we will add you to our database and will provide you with any relevant updates on the action. Please note that individual interviews and meetings are not required at this time.**

1. This will only be used in conjunction with the Claimant’s consent and authorization to obtain certain medical / other records in the future, should it be necessary. [↑](#footnote-ref-1)