

SCHEDULE 1

HOTEL QUARANTINE (BUSINESS LOSSES) CLASS ACTION

5 Boroughs NY Pty Ltd v State of Victoria & Ors (S ECI 2020 03402)

OPTION 1: GROUP MEMBER REGISTRATION FORM

If you would like to **register**, you must complete an online version of this form at <https://intake.sedgwick.com/u/QE/QE-Qualifying> by **4:00pm AEST on 8 July 2024**, or alternatively return a copy of this form to Quinn Emanuel by email or post at the below addresses.

If you are unsure whether you are a group member of the Hotel Quarantine (Business Losses) Class Action, please visit <https://hotelquarantineclassaction.com.au/>

If you have any questions about the class action and/or completing this form, please contact Quinn Emanuel by email: HQclassaction@quinnemanuel.com; or phone (02) 9146 3636.

By post: Quinn Emanuel Lawyers
Hotel Quarantine (Business Losses) Class Action
Level 15/111 Elizabeth Street
Sydney NSW 2000

By email: hqclassaction@quinnemanuel.com



GROUP MEMBER REGISTRATION FORM

SECTION 1 - GROUP MEMBER NAME AND CONTACT DETAILS

1. What are your contact details?

Your First Name

Your Surname

Phone Number (Mobile)

Email Address

SECTION 2 - DETAILS ABOUT YOUR AFFECTED BUSINESS

The information you provide in this section should relate only to the business which you say was impacted by the restrictions in place between **2 July 2020 and 27 October 2020**.

For example, when confirming the number of trading locations you should specify the number of impacted locations in the period 2 July 2020 to 27 October 2020 only, not the current number of locations.

If you operated multiple, different businesses which you say were impacted by the restrictions in place between 2 July 2020 and 27 October 2020, you need to complete a separate form for each distinct business. If it was one business, with multiple trading locations, you need only complete one form for that business.

2. Entity Name

3. ABN or ACN

4. Trading Name (if different from Entity Name)

5. Business Industry Code (BIC).....

6. Brief Description of the Business Conducted

(Please briefly describe the nature of the business conducted. For example, Hairdressing and Beauty Services; Accommodation and Food Services (i.e cafes and restaurants); Garden Supplies Retailing; Clothes Retailing; and Footwear Retailing. If the nature of the business conducted at different locations varied, please explain.)

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7. Main Business Address (physical address)

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8. Number of Retail Trading Locations in Victoria

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9. **Address(es) of Other Retail Trading Locations (physical address)**

You should provide location details only for those locations from which you say you were prohibited or restricted from supplying goods or services to the public because of the restrictions in place between 2 July 2020 and 27 October 2020 (which may not be all of the locations from which the business traded). (If you require additional space to list the impacted locations, please attach additional pages.)

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SECTION 3- ECONOMIC LOSS DETAILS

10. Provide an estimate of the amount of any Commonwealth or State government assistance, support or relief received by you in connection with the impacts of the Covid-19 pandemic on your business.

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11. Type of assistance, support or relief, if received (tick all that apply):

☐ Jobkeeper ☐ Government grant(s) ☐ Other

If you received a government grant(s) or other assistance, support or relief, please briefly describe the assistance, support or relief received:

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12. Is your estimate of the business losses suffered by your business as a result of the restrictions in place between 2 July 2020 and 27 October 2020 less than \$10,000?

☐ Yes (please go to Section 4 below)

☐ No (please answer the remaining questions in Section 3 before going to Section 4)

13. Provide an estimate of the business losses suffered by your business as a result of the restrictions in place between 2 July 2020 and 27 October 2020.

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14. During the period 1 July 2020 to 27 October 2020, did your affected business commence or continue to trade by alternative arrangements?

July 2020 ☐ No ☐ Online sales ☐ Delivery ☐ Click and Collect

August 2020 ☐ No ☐ Online sales ☐ Delivery ☐ Click and Collect

September 2020 ☐ No ☐ Online sales ☐ Delivery ☐ Click and Collect

October 2020 ☐ No ☐ Online sales ☐ Delivery ☐ Click and Collect

15. Did you have Business Interruption Insurance (**BI Insurance**) coverage for the period 1 July 2020 to 27 October 2020?

☐ Yes ☐ No

If you answered “Yes”, please provide the name of the insurer and the amount of any BI Insurance proceeds received in connection with the impacts of the Covid-19 pandemic on the business operated by the Group Member in the period 1 July 2020 to 27 October 2020.

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Section 4 – Group Member Declaration

I understand and agree that by completing this form, I am providing details about my interest in participating in the Class Action. I acknowledge that the lawyers acting on behalf of the plaintiff, Quinn Emanuel Urquhart & Sullivan (“Quinn Emanuel”), will have full conduct of the Class Action. I accept that by completing this form I will not automatically be entitled to compensation. I acknowledge that Sedgwick may collect and process my personal information for the purposes of registering my interest in the Class Action and for all purposes related my involvement in the Class Action. For further information on how Sedgwick will process your personal information please refer to Sedgwick’s privacy policy (<https://www.sedgwick.com/global-privacy-policy>).

☐ I agree with the legal and compliance statement above.

I confirm that the information I have provided in this form is true and complete.

Signature:

Date:

