

Bowdle v. King’s Seafood Settlement  
 c/o Atticus Administration Claims Administrator  
 P.O. Box 64053  
 St. Paul, MN 55164

**Your Claim Form Must Be Submitted  
 On or Before January 20, 2023**

***Bowdle v. King’s Seafood Company, LLC,***  
 In the United States District Court for the Central District of California  
 (Case No. 8:21-cv-01784-CJC-JDE)

**Claim Form**

This Claim Form should be filled out online or submitted by mail if you are a U.S. resident who received notice on or about August 2021 from King’s Seafood Company, LLC (“King’s Seafood”) of a cyberattack perpetrated on King’s Seafood beginning on or around June 4, 2021 (the “Data Security Incident”). The potential benefits include reimbursement for out-of-pocket losses, reimbursement for extraordinary losses, payment for lost time spent directly dealing with the Data Security Incident, and identity protection and credit monitoring services. You may get a payment or other benefit if you fill out this Claim Form, if the Settlement is approved, and if you are found to be eligible for a payment or other benefit.

The Settlement Notice describes your legal rights and options. Please visit the official Settlement website, [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com), or call 1-888-232-9896 for more information.

If you wish to submit a claim for a Settlement payment or other benefit, you need to provide the information requested below. Please print clearly in blue or black ink. This Claim Form must be mailed and postmarked by **January 20, 2023**.

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE REQUIRED (\*) INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. THIS CLAIM FORM SHOULD ONLY BE USED IF A CLAIM IS BEING MAILED IN AND IS NOT BEING FILED ONLINE. YOU MAY ALSO FILE YOUR CLAIM ONLINE AT [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com).

**1. CLASS MEMBER INFORMATION.**

<input type="text"/>															<input type="text"/>	
First Name*															Middle Initial	
<input type="text"/>															<input type="text"/>	
Last Name*															Suffix	
<input type="text"/>															<input type="text"/>	
Primary Address*															<input type="text"/>	
<input type="text"/>															<input type="text"/>	
Apt / Floor / Suite															<input type="text"/>	
<input type="text"/>										<input type="text"/>		<input type="text"/>				
City*										State*		Zip Code*				
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>				
Current Phone Number						Claimant ID*										

If your current address is outside the United States, please complete this Claim Form online at [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com) and select the checkbox on the Class Member Information page that says, "Please check if this is a non-U.S. address".

Your Settlement Claim ID is printed on the Notice you received in the mail. If you no longer have your Notice, contact the Claims Administrator at 1-888-232-9896.

**2. IDENTITY PROTECTION AND CREDIT MONITORING SERVICES.**

Please review the Notice and paragraph 2.1 of the Settlement Agreement for more information on the identity-theft protection called Identity Defense Complete being offered as part of the Settlement. This is being offered in addition to any other payments to be made under this Settlement.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box if you elect to receive two years of free identity-theft protection, called Identity Defense Complete, which shall be provided in addition to any other identity-theft protection and/or credit monitoring received from King’s Seafood Company, LLC.

**Yes, I’d like to receive two years of free identity-theft protection as part of the Settlement, including an additional two (2) years of monitoring and protection services from the expiration date of any monitoring and protection services I’ve already received through Defendant.**

**3. PAYMENT ELIGIBILITY INFORMATION.**

Please review the Notice and paragraph 2.2 of the Settlement Agreement for more information on who is eligible for a payment and the nature of the expenses or losses that can be claimed.

Please provide as much information as you can to help us determine if you are entitled to a settlement payment or other benefit.

**PLEASE PROVIDE THE INFORMATION LISTED BELOW:**

Check the box for each category of expenses or lost time that you incurred as a result of the Data Security Incident. Please be sure to fill in the total amount you are claiming for each category and to attach documentation of the charges as described in bold type (if you provide account statements as part of proof required for any part of your claim, you may mark out any unrelated transactions if you wish). Please note that recovery is limited to \$450 per person for ordinary losses, including lost time amounts limited to up to \$60, and up to \$3,000 for extraordinary losses.

You must provide a description of the charges or time sought to be reimbursed.

**Documented ordinary expenses and/or lost time incurred as a result of the Data Security Incident. This category is capped at \$450 to include lost time amounts.**

**Time reimbursement for time spent dealing with the Data Security Incident**

**Examples** –You spent an hour contacting your bank and/or implementing credit monitoring, and/or checking your statements as a result of the Data Security Incident. Recovery for this category is paid out at \$20/hour, for up to 3 hours.

1 Hour

2 Hours

3 Hours

Explanation of Time Spent (Identify what you did by activity and why)	Approx. Date(s) (if known)	Time Spent on Activity

**Documented Out-of-Pocket Expenses/reimbursement of fees paid for services or products purchased as a result of the Data Security Incident**

*You must provide supporting documentation.* The types of Out-of-Pocket Expenses and fees that will be reimbursed are:

- (1) costs incurred associated with accessing or freezing/unfreezing credit reports with any credit reporting agency or other entity;
- (2) other expenses incurred, namely, postage, copying, scanning, faxing, mileage and other travel-related charges, parking, notary charges, research charges, cell phone charges (only if charged by the minute), long distance phone charges, data charges (only if charged based on the amount of data used), bank fees, accountant fees, and attorneys’ fees, all of which must be fairly traceable to the Data Security Incident and must not have been previously reimbursed by a third party; and
- (3) fees for credit reports, credit monitoring, or other identity theft insurance product purchased between June 4, 2021 and January 20, 2023.

Expense Types	Approximate Amount of Expense & Date	Description of Expense or Money Paid and Supporting Documents (Identify what you are attaching and why it is related to the Data Incident.
	\$ Date	
	\$ Date	

**Total amount for this category: \$ \_\_\_\_\_**

*If you are seeking reimbursement for out-of-pocket expenses, please attach a copy of a statement or receipt from the company that charged you, showing the amount of charges incurred. Documentation you create may be submitted but may not suffice.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**Documented Extraordinary Losses – documented monetary loss arising from actual identity theft incurred as a result of the Data Security Incident. This category is capped at \$3,000.**

Reimbursements in this category are for those whose suffered actual identity theft because

of the Data Security Incident and reimbursement must be (1) for actual, documented, and unreimbursed losses; (2) fairly traceable to the Data Security Incident; (3) occurring between June 4, 2021 and January 20, 2023; and (4) not already covered by any existing identity theft or other insurance.

Approximate Amount of Loss and Date	Description of Losses and Supporting Documents (Identify what you are attaching, and why it is related to the Data Incident)
\$	
Date:	

**Total amount for this category: \$ \_\_\_\_\_**

*If you are seeking reimbursement for extraordinary losses, please attach a copy of a statement(s) or other document(s) that demonstrates the amount of the loss. Documentation you create may be submitted but may not suffice.*

You may mark out any transactions that are not relevant to your claim before sending in the documentation.

**4. SIGN AND DATE YOUR CLAIM FORM.**

<p>I declare under penalty of perjury under the laws of the United States and the laws of my State of residence 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 by the Settlement Administrator to provide supplemental information before my claim will be considered complete and valid.</p>		
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Print</p>	<p>_____</p> <p>Date</p>

**5. REMINDER CHECKLIST**

1. Keep copies of the completed Claim Form and documentation for your own records.
2. If your address changes or you need to make a correction to the address on this claim form, please visit the settlement administration website at [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com) and complete the Update Contact Information form or send written notification of your new address. Make sure to include your Settlement Claim ID and your phone number in case we need to contact you in order to complete your request.
3. If you need to supplement your claim submission with additional documentation, please visit the settlement administration website at [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com) and provide these documents by completing the Supplemental Claim Form Documentation Upload.
4. For more information, please visit the settlement administration website at [www.KingsSeafoodClassActionSettlement.com](http://www.KingsSeafoodClassActionSettlement.com) or call the Settlement Administrator at 1-888-232-9896. Please do not call the Court or the Clerk of the Court.