

**Your claim
must be
postmarked by:
November 27,
2025**

**IN THE COURT OF COMMON PLEAS
MEDINA COUNTY, OHIO**

Felger v. The Cornwell Quality Tools Company
Case No. 2025CIV0456

CQT

Claim Form

This claim form should be filled out online or submitted by mail if you previously received notice from The Cornwell Quality Tools Company (“Defendant” or “CQT”) that your personal information may have been affected by a data incident that occurred on September 22, 2022 (the “Data Incident”), and you would like to receive a benefit from the Settlement.

You may be eligible to receive two (2) years of credit monitoring and fraud protection services and either (1) reimbursement for time spent (at a rate of \$20.00 per hour for up to 3 hours) and ordinary out-of-pocket losses (maximum payment of \$500.00), and reimbursement for extraordinary out-of-pocket losses (maximum payment of \$5,000.00); or (2) a cash payment of \$50.00 from the proposed Settlement. Please note that if you choose to receive reimbursement for time spent, ordinary out-of-pocket losses, or extraordinary out-of-pocket losses, you are not eligible to receive the alternative cash payment. To receive a benefit from the Settlement, you must complete and submit this “Claim Form.”

Instructions: Please complete this Claim Form in its entirety and attach any required documentation. Submit your Claim Form online at www.CQTdatasettlement.com or by mailing it to the Settlement Administrator at the address below. Claim Forms must be submitted online or postmarked by November 27, 2025.

I. CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this form.

First Name

Last Name

Street Address

City

State

Zip Code

Phone Number

Email Address

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II. REIMBURSEMENT FOR TIME SPENT AND ORDINARY OUT-OF-POCKET LOSSES

You may submit a claim for reimbursement of Lost Time and Ordinary Out-of-Pocket Losses up to an individual aggregate cap of \$500 as follows:

- (1) **Lost Time**: You may submit a claim for lost time spent dealing with the Data Incident ("Time Spent"), at a rate of \$20.00 per hour for up to three (3) hours (*i.e.*, not to exceed \$60.00), upon submission of a statement, attested by signature under penalty of perjury from you, as to how the time was spent, demonstrating that it was related to the Data Incident; and (2) .

Examples – You spent time calling customer service lines, writing letters or emails, or on the Internet in order to get fraudulent charges reversed, updating automatic payment programs because your card number changed, or monitoring your credit reports and bank accounts for fraudulent activity.

I spent (circle one if applicable) 1 2 3 hours

Description of time spent:

☐ I swear and affirm under penalty of perjury that I spent the amount of time noted above dealing with the Data Incident.

- (2) **Ordinary Out-of-Pocket Losses**: You may also submit a claim for reimbursement of documented (excluding self-prepared documents), unreimbursed out-of-pocket losses that are fairly traceable to the Data Incident. Ordinary Out-of-Pocket Losses include (i) documented out-of-pocket expenses such as: (a) bank fees, (b) long-distance phone charges, (c) cell phone charges (only if charged by the minute), (d) data charges (only if charged based on the amount of data used), (e) postage, and (f) gasoline for local travel; and (ii) documented fees for credit reports, credit monitoring, or other identity theft insurance products.

☐ Check this box if you incurred Ordinary Out-Of-Pocket Losses as a result of the Data Incident.

Total amount for this category: \$ _____

☐ Check this box to confirm that you have not been reimbursed for these monetary losses and the losses are not already covered by one or more of the normal reimbursement categories.

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☐ Check this box to confirm that you have made efforts to avoid, or you have sought reimbursement for, the losses, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

All Ordinary Out-Of-Pocket Losses must be fairly traceable to the Data Incident.

Describe your Ordinary Out-Of-Pocket Losses below, including the date each loss was incurred, the amount, and its relation to the Data Incident.

Supporting documentation must be provided. Enclose or upload reasonable documentary proof of the Ordinary Out-Of-Pocket Losses you believe are fairly traceable to the Data Incident. This does not include self-prepared documents. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

III. REIMBURSEMENT FOR EXTRAORDINARY OUT-OF-POCKET LOSSES

You may also submit a claim for reimbursement for documented (excluding self-prepared documents), unreimbursed losses related to identity fraud caused by the Data Incident (e.g., fraudulent charges on financial accounts and unauthorized loans) up to an individual aggregate cap of \$5,000.00, but not more than the documented loss proven. For each claim of an Extraordinary Out-Of-Pocket Losses, you must show the following, supported by documentation:

- The loss is an actual and unreimbursed monetary loss, supported by third-party documentation;
- The loss resulted from actual identity theft, fraud, or similar criminal victimization;
- The loss was more likely than not caused by the Data Incident;
- The loss is not already covered by one or more of the other/normal reimbursement categories (i.e., Ordinary Out-of-Pocket Losses or Time Spent); and
- You made reasonable efforts to avoid, mitigate, or seek reimbursement for the loss, including, but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

☐ Check this box if you incurred Extraordinary Out-Of-Pocket Losses as a result of the Data Incident.

Total amount for this category: \$ _____

☐ Check this box to confirm that you have not been reimbursed for these monetary losses and the losses are not already covered by one or more of the normal reimbursement categories.

☐ Check this box to confirm that you have made efforts to avoid, or you have sought reimbursement for, the losses, including but not limited to, exhaustion of all available credit monitoring insurance and identity theft insurance.

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All Extraordinary Out-Of-Pocket Losses must be related to identity fraud caused by the Data Incident.

Describe your Extraordinary Out-Of-Pocket Losses below, including the date each loss was incurred, the amount, and its relation to the Data Incident.

Supporting documentation must be provided. Enclose or upload reasonable documentary proof of the Extraordinary Ordinary Out-Of-Pocket Losses you believe are attributable to the Data Incident. This does not include self-prepared documents. You may mark out any transactions that are not relevant to your claim before sending in the documentation.

V. ALTERNATIVE CASH PAYMENT

You may elect to claim a Cash Payment in the amount of \$50.00. If you select this option, you will not be eligible to recover any Time Spent, Ordinary Out-Of-Pocket Losses, or Extraordinary Ordinary Out-Of-Pocket Losses.

If you wish to receive a cash payment, check the box below. If you would like your payment to be delivered electronically, provide the email address associated with your PayPal, Venmo, or Zelle account below. If you do not select any payment option, a check will be mailed to the address above.

☐ I would like to receive a Cash Payment of \$50.00.

IF YOU SELECT THE CASH PAYMENT, YOU CANNOT RECEIVE ANY BENEFITS FOR TIME SPENT, ORDINARY UNREIMBURSED OUT-OF-POCKET LOSSES, OR EXTRAORDINARY UNREIMBURSED OUT-OF-POCKET LOSSES.

VI. CREDIT MONITORING SERVICES

You may elect to claim two (2) years of complimentary credit monitoring and fraud protection services. If you wish to receive credit monitoring services, check the box below.

☐ I would like to receive two (2) years of three-bureau credit monitoring and fraud protection services.

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VII. PAYMENT OPTIONS

Please select from **one** of the following payment options:

PayPal - Enter your PayPal email address: _____

Venmo - Enter the mobile number associated with your account: ____ - ____ - ____

Zelle - Enter the mobile number or email address associated with your account:

Mobile Number: ____ - ____ - ____ or Email Address: _____

Physical Check - Payment will be mailed to the address you provided above.

SIGN AND DATE YOUR CLAIM FORM

I declare under penalty of perjury under the laws of the United States and the state where this Claim Form is signed that the information supplied in/with this Claim Form is true and correct to the best of my knowledge.

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

Your signature

Date: _____
MM DD YYYY

Your name

Once you've completed all applicable sections, please submit this Claim Form with your supporting documentation on www.CQTdatasettlement.com by November 27, 2025 or print and mail this Claim Form and the required supporting documentation to the address provided below, postmarked by November 27, 2025.

Cornwell Quality Tools Company Data Breach
c/o Settlement Administrator
P.O. Box 25226,
Santa Ana, CA, 92799