

**Your claim must
be submitted
online or
postmarked by:
October 21, 2025**

*Katie Pleasant, individually and on behalf of all others similarly
situated v. Baker Drywall Partnership LLP d/b/a Baker Drywall*
Case No. DC-24-08266
68th Judicial District Court of Dallas County, Texas

**BDW
CLAIM**

DATA INCIDENT SETTLEMENT CLAIM FORM

GENERAL INSTRUCTIONS

You are included in the **Settlement Class** if your private information may have been impacted as a result of the Data Incident and/or you were notified by or on behalf of Baker that your information was impacted as a result of the Data Incident.

Excluded from the Settlement Class are: (i) Baker and its officers and directors; (ii) all Settlement Class Members who timely and validly request exclusion from the Settlement Class; (iii) the Judge assigned to evaluate the fairness of this settlement; and (iv) any other Person found by a court of competent jurisdiction to be guilty under criminal law of initiating, causing, aiding or abetting the criminal activity pertaining to the Data Incident or who pleads *nolo contendere* to any such charge.

Data Incident is the cybersecurity incident that Baker experienced on or about February 13, 2024.

THE SETTLEMENT BENEFITS

Settlement Class Members are not limited to one benefit. If you are eligible for multiple benefits, as described below, you may file a claim for each of them.

Identity Theft Protection Services. Settlement Class Members are eligible to claim one (1) year of identity theft protection services, which will include one credit bureau monitoring and \$1 million in identity theft insurance protections. No supporting documentation is necessary to receive this Settlement benefit.

Reimbursement for Ordinary Losses. Settlement Class Members are eligible to make a claim for ordinary out-of-pocket expenses ("Ordinary Losses"), not to exceed \$250 per Settlement Class Member, that were incurred as a result of the Data Incident with third party supporting documentation. Ordinary Losses would include, without limitation and by way of example: (i) unreimbursed losses relating to fraud or identity theft; (ii) professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; (iii) costs associated with freezing or unfreezing credit with any credit reporting agency; (iv) credit monitoring costs that were incurred on or after mailing of the notice of data breach, through the date of claim submission; and (v) miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

You must submit necessary supporting third party documentation, such as receipts, to verify the costs you incurred.

Lost Time Reimbursement. Settlement Class Members who have spent at least one hour of lost time as a result of the Data Incident are also eligible to receive reimbursement for up to three (3) hours of lost time spent dealing with the Data Incident (calculated at the rate of \$25 per hour and not to exceed \$75 per person). This benefit may be combined with Reimbursement for Ordinary Losses, subject to the \$250 cap per Settlement Class Member.

A claim for compensation for lost time must be supported by a written description of activities performed, and an attestation that the time claimed was reasonably related to responding to the effects of the Data Incident.

Questions? Call 1-833-968-4109 Toll-Free or Visit www.BDDataSettlement.com.

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Reimbursement for Extraordinary Losses. Settlement Class Members are eligible to receive reimbursement for documented Extraordinary Losses, not to exceed \$5,000 per Settlement Class Member for documented monetary loss if: (i) The loss is an actual, documented, and unreimbursed monetary loss stemming from fraud or identity theft; (ii) the loss was more likely than not caused by the Data Breach; (iii) the loss was incurred after the date of the Data Breach; (iv) the loss is not already covered by one or more of the other reimbursement categories; and the Settlement Class Member made reasonable efforts to avoid, or seek reimbursement for, the loss, including but not limited to exhaustion of all available credit monitoring insurance and identity theft insurance.

To receive reimbursement for extraordinary losses, Settlement Class Members must submit necessary supporting third party documentation. Documentation supporting a claim for out-of-pocket expenses can include receipts or other documentation not “self-prepared” by the Settlement Class Member that documents the costs incurred. “Self-prepared” documents, such as handwritten receipts are, by themselves, insufficient to receive reimbursement, but can be considered to add clarity or support to other submitted documentation.

SUBMITTING A CLAIM FORM

Visit www.BDDataSettlement.com to submit your Claim Form online and upload supporting documentation, if necessary. You may also print out and complete this Claim Form and submit it by U.S. mail to: Baker Data Incident Settlement, Attn: Claim Forms, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103.

The deadline to submit a Claim Form online is **October 21, 2025**. If you are mailing your Claim Form, it must be mailed with a postmark date no later than **October 21, 2025**.

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I. CLASS MEMBER NAME AND CONTACT INFORMATION

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

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

II. IDENTITY THEFT PROTECTION SERVICES (AVAILABLE TO ALL CLASS MEMBERS)

- ☐ Check this box if you would like to receive one year of one-bureau identity theft protection services, including up to \$1 million in identity theft insurance protections. Be sure to provide your email address in Section I above.

III. REIMBURSEMENT FOR ORDINARY LOSSES

- ☐ Check this box if you are seeking reimbursement for **documented Ordinary Losses** that were incurred as a result of the Data Incident. **You must submit supporting documentation** demonstrating the actual unreimbursed expenses you are seeking reimbursement for.

This reimbursement is capped at \$250.00 per Settlement Class Member.

Complete the table below describing the supporting documentation you are submitting.

<i>Description of Documentation Provided</i>	<i>Amount</i>
<i>Example: Freezing credit reports</i>	<i>\$40</i>
TOTAL AMOUNT CLAIMED FOR ORDINARY LOSSES:	

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IV. REIMBURSEMENT FOR LOST TIME

- ☐ Check this box if you are seeking reimbursement for actual time spent dealing with the Data Incident. You must have spent at least one full hour. You may claim up to 3 hours at \$25.00 per hour.

I swear and affirm that I spent (**check one**): ☐ 1 hour ☐ 2 hours ☐ 3 hours in response to the Data Incident, as described below:

Reimbursement for Lost Time may be combined with Reimbursement for Documented Out-Of-Pocket Expenses, as described above, subject to the \$250.00 cap.

V. REIMBURSEMENT FOR EXTRAORDINARY LOSSES

- ☐ Check this box if you are seeking reimbursement for **actual, documented** monetary losses that were incurred as a result of the Data Incident. **You must submit supporting third party documentation** demonstrating the actual, unreimbursed losses you are seeking reimbursement for. Failure to provide supporting documentation shall result in denial of a claim. This reimbursement is capped at \$5,000 per Settlement Class Member.

Complete the table on the following page describing the supporting documentation you are submitting.

Description of Documentation Provided	Amount
<i>Example: Unauthorized purchases made with payment information compromised in the Data Incident</i>	<i>\$150</i>
TOTAL AMOUNT CLAIMED FOR EXTRAORDINARY LOSSES:	

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If you have more expenses than rows, you may attach additional sheets of paper to account for them. Please print your name and sign the bottom of each additional sheet of paper.

VI. PAYMENT SELECTION

Please select **one** of the following payment options if you are seeking reimbursement under Sections III, IV, or V.

☐ **PayPal** - Enter your PayPal email address: _____

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

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

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

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form, and any supporting documentation provided is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date