

**Schedule “C” – Proof of Claim**

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**PROOF OF CLAIM**

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All capitalized terms not defined herein have the meanings ascribed to them in the Priority Claims Order dated November 29, 2023 in the proceedings of Ignite Holdings Inc., Ignite Services Inc., and Ignite Insurance Corporation under the *Companies’ Creditors Arrangement Act*, R.S.C. 1985, c. C-36, as amended.

**I. PARTICULARS OF PRIORITY CLAIMANT:**

1. Full Legal Name of Priority Claimant:

\_\_\_\_\_ (the “**Priority Claimant**”)

2. Full Mailing Address of the Priority Claimant:

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

3. Telephone Number:

\_\_\_\_\_

4. E-Mail Address:

\_\_\_\_\_

5. Attention (Contact Person):

\_\_\_\_\_

6. Have you acquired this Priority Claim by assignment?

Yes:  No:  (if yes, attach documents evidencing assignment)

If Yes, Full Legal Name of Original Priority Claimant(s):

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

**II. PROOF OF CLAIM:**

1. I, \_\_\_\_\_  
(name of Priority Claimant if Priority Claimant is an individual or representative of the  
Priority Claimant if Priority Claimant is not an individual), of

\_\_\_\_\_ do hereby certify:  
(city and province)

(a) that I [check (✓) one]

am the Priority Claimant; OR

am \_\_\_\_\_ (state position or title) of  
\_\_\_\_\_  
(name of Priority Claimant)

(b) that I have knowledge of all the circumstances connected with the Priority Claim referred to below;

(c) that complete documentation in support of the Priority Claim referred to below is attached;

(d) the Priority Claimant has a Priority Claim as follows:

a. TOTAL PRIORITY CLAIM: CDN\$ \_\_\_\_\_

Note: This should only include Priority Claims. Secured claims and unsecured claims will not be considered or addressed in this Priority Claims Procedure and should not be included here.

**III. EVIDENCE OF PRIORITY:**

1. In order to file your Proof of Claim, evidence of the priority or a basis for making a Priority Claim are required. Attach any supporting documents to the Proof of Claim.

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

**IV. PARTICULARS OF PRIORITY CLAIM**

Other than as already set out herein, the particulars of the undersigned's total Priority Claim are attached.

*(Provide full particulars of the Priority Claim and supporting documentation, including detailed accounting of the amount, description of transaction(s) or agreement(s) giving rise to the Priority Claim, and date and number of all invoices, particulars of all credits, discounts, etc. claimed.)*

## V. FILING OF PRIORITY CLAIM

This Proof of Claim **MUST** be actually received by the Applicants and the Monitor **before 5:00 p.m. (Toronto time) on January 11, 2024** (the “**Priority Claims Bar Date**”).

Completed forms must be delivered by courier, personal delivery or email addressed to:

If to the Applicants:

Stikeman Elliott LLP  
199 Bay Street, Suite 5300  
Toronto, ON M5L 1B9

Attention: Maria Konyukhova / Rania Hammad  
Email: [mkonyukhova@stikeman.com](mailto:mkonyukhova@stikeman.com) / [rhammad@stikeman.com](mailto:rhammad@stikeman.com)  
Telephone: (416) 869-5230 / (416) 869-5578

If to the Monitor:

KPMG Inc., in its capacity as the Court-appointed Monitor of the Applicants  
Bay Adelaide Centre  
333 Bay Street #4600  
Toronto, ON M5H 2S5

Attention: Anamika Gadia / George Bourikas  
Email: [agadia@kpmg.ca](mailto:agadia@kpmg.ca) / [gbourikas@kpmg.ca](mailto:gbourikas@kpmg.ca)  
Telephone: (416) 777-3842 / (416) 777-8887

with a copy to:

Osler, Hoskin & Harcourt LLP  
100 King Street West  
First Canadian Place, Suite 6200  
Toronto, ON M5X 1B8

Attention: Michael De Lellis / Ben Muller  
Email: [mdelellis@osler.com](mailto:mdelellis@osler.com) / [bmuller@osler.com](mailto:bmuller@osler.com)  
Telephone: (416) 862-5997 / (416) 862-5923

**FAILURE TO FILE YOUR PROOF OF CLAIM SUCH THAT IT IS ACTUALLY RECEIVED BY THE APPLICANTS AND THE MONITOR BY THE PRIORITY CLAIMS BAR DATE WILL RESULT IN YOUR PRIORITY CLAIM BEING FOREVER AND IRREVOCABLY BARRED, EXTINGUISHED AND DISCHARGED AND IN YOU BEING PREVENTED FROM MAKING OR ENFORCING A PRIORITY CLAIM AGAINST THE PURCHASED SHARES, THE APPLICANTS, RESIDUAL CO. OR THE PURCHASER.**

**Certification**

I hereby certify that:

1. I am the Priority Claimant or an authorized representative of the Priority Claimant.
2. I have knowledge of all the circumstances connected with this Priority Claim.
3. I agree with the supporting documentation attached (if any).

All information submitted in this Proof of Claim form must be true, accurate and complete. Filing false or misleading information relating to your Proof of Claim may result in penalties.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.