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5. VERIFICATION

By signing below, I certify under penalty of perjury that I am the person who made the underinsured motorist insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above; that, to the best of my knowledge, the information on this Claim Form is true and correct; and, to the best of my knowledge, I submitted an underinsured motorist coverage claim to Defendant for an accident occurring between **January 1, 2010, through May 4, 2022**, that was reduced by the amount of liability insurance available or paid by the insurer of the at-fault driver.

DATE OF LOSS

		-			-				
MM			DD			YYYY			

Sign and Date Your Claim Form

Signature:

Dated:

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MM DD YYYY

Print Name:

MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE.

The Claim Form must be postmarked by **April 29, 2026**, and mailed to Epiq Settlement Administration at the address provided above OR submitted through the Settlement Website by midnight on **April 29, 2026**.