

CLASS ACTION SETTLEMENT CLAIM FORM

IMPORTANT: If you are a Class Member and fail to submit this Claim Form, then you will receive nothing but still be bound by the Settlement. If you submit this Claim Form, then you may receive a check. You have been identified as a claimant who is likely a Class Member.

The records of Defendant Auto-Owners (Mutual) Insurance Company (“the Insurance Company”) indicate that you may be a member of the Class in a case named *Walker, et al. v. Auto-Owners (Mutual) Insurance Company*, No. 2023-LA-0000143, in the Circuit Court for Peoria County, Illinois. However, information in the Insurance Company’s records needs to be reviewed to determine whether you are a member of the Class, and if so, how much money you may be entitled to receive.

Please read the accompanying Class Notice before you complete this Claim Form. To participate in this Settlement, your Claim Form must be completed to the best of your ability, signed, and then (1) mailed and postmarked by February 26, 2024 OR (2) uploaded at www.A-ODEpreciationSettlement.com.

If you have any questions, please visit www.A-ODEpreciationSettlement.com, or call 1-800-253-4349.

Please do not call the Insurance Company or your insurance agent to discuss this lawsuit or this Claim Form. You may, however, continue to call the Insurance Company or your insurance agent regarding any other insurance matters.

COVERED LOSS INFORMATION:

A Structural Loss means physical damage to a home, building, manufactured home, condo, rental dwelling, or other structure in Arizona, Illinois, Missouri, or Wisconsin while covered by a personal or commercial lines insurance policy issued by the Insurance Company.

A Covered Loss means a first party insurance claim for Structural Loss that (a) occurred during the applicable Class Periods, and (b) resulted in an ACV Payment by the Insurance Company or would have resulted in an ACV Payment but for the deduction of Nonmaterial Depreciation.

The “Class Periods” depend on the location of your structure and the suit limitations period in your insurance policy. You can find information about the Class Periods in the Class Notice with this Claim Form.

Policy Number: _____

Claim Number: _____

Date of Loss: _____

Address of Insured Premises: _____

Claimant ID (found on your mailed Notice) _____

This Claim Form applies only to the Covered Loss listed above. If you had more than one Covered Loss during the Class Period, then you may receive separate Claim Form(s) for those losses, and you must complete and mail those Claim Form(s) to be eligible for payment on those losses.

COMPLETE THE FOLLOWING QUESTIONS:

1. Please provide your current mailing address if the address listed above is not correct.

2. If you assigned the insurance claim identified above to a contractor, or the insurance claim was assigned to you and you are the contractor, please list the name and address of the contractor to whom the insurance claim was assigned, when, and why. An assignment is a written agreement to allow another party, like a roofer or contractor, to recover your insurance benefits.

Please attach written evidence of such assignment. If you are submitting this Claim Form as the contractor to whom a claim was assigned, by signing this Claim Form you agree to indemnify the Insurance Company for any loss if the policyholder also filed a Claim Form or disputes issuance of a Claim Settlement Payment to you.

3. If you are submitting this Claim Form as the legally authorized representative because the insured for the claim identified above is deceased or incapacitated, please state how and when you became the legally authorized representative. Please attach written proof of your legal authority to represent the insured.

SIGN AND DATE YOUR CLAIM FORM:

I affirm that I wish to make a claim associated with the class action settlement, and all information provided above is true and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____

MAIL YOUR CLAIM FORM:

Claim Forms must be postmarked by February 26, 2024, and mailed to:

Auto-Owners Depreciation Settlement
c/o Atticus Administration, LLC
PO Box 64053
Saint Paul, MN 55164

You may also complete, scan, and upload this Claim Form on [www. A-ODepreciationSettlement.com](http://www.A-ODepreciationSettlement.com).

CLAIMS ADMINISTRATION:

Please be patient. If you qualify for payment under the Settlement, a Settlement Check will be mailed to you. If you don't qualify, a letter will be mailed to you explaining why.