

CLASS ACTION SETTLEMENT CLAIM FORM

Unique ID: _____

Name: _____

Address: _____

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 Liberty Insurance Corporation, Safeco Insurance Company of Indiana, LM Insurance Corporation, and Liberty Mutual Fire Insurance Company (collectively, “the Insurance Companies”) indicate that you may be a member of the Class in a case named *Schulte, et al. v. Liberty Insurance Corporation, et al., Case No. 3:19-cv-00026*, United States District Court for the Southern District of Ohio. However, information in the Insurance Companies’ records need 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 Friday, July 2, 2021; OR (2) scanned or photographed and uploaded at www.ohiodepreciationsettlement.com.

If you have any questions, please visit www.ohiodepreciationsettlement.com or call 1-888-906-0586.

Please do not call the Insurance Companies or your insurance agent to discuss this lawsuit or this Claim Form. You may, however, continue to call the Insurance Companies or your 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 Ohio while covered by an Ohio homeowners residential property insurance policy issued by Liberty Insurance Corporation, Safeco Insurance Company of Indiana, LM Insurance Corporation, or Liberty Mutual Fire Insurance Company

A Covered Loss means an insurance claim for Structural Loss that (a) occurred during the Class Periods, and (b) that the Insurance Companies or a court determined was covered under an Ohio insurance policy issued by a company as identified above.

The “Class Periods” depend on who your insurer was and when your Structural Loss occurred. 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: _____

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 complete 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 Liberty 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.

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 **July 2, 2021** and mailed to:

Ohio Depreciation Settlement
c/o JND Legal Administration
PO Box 91096
Seattle, WA 98111

You may also complete, scan, and upload this Claim Form on the settlement website at www.ohiodepreciationsettlement.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.