

CLAIM FORM

Full Name*: _____

Address*: _____

City*: _____ State*: _____

Postal Zip Code*: _____ Primary Phone Number: _____

E-mail Address: _____

The records of State Farm Fire and Casualty Company (“State Farm”) indicate that you may be a member of the Class in the case named *Stuart, et al. v. State Farm Fire and Casualty Company*, Case No. 4:14-cv-04001 (W.D. Ark.). However, information in State Farm’s records and information in your possession may need to be reviewed to determine whether you are a member of the Class and whether you are entitled to a payment in connection with this Settlement.

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 mailed and postmarked by **July 1, 2020**.

If you have any questions, please visit www.stuart-v-statefarm.com, send an email to info@stuart-v-statefarm.com or call 1-855-613-6151.

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

COVERED LOSS INFORMATION:

“Covered Loss” means a first party insurance claim for damage to a dwelling or other structure located in the State of Arkansas, on which you received an “actual cash value” payment (or payments), directly or indirectly, from State Farm, such payments arising from events that occurred between May 1, 2010 and December 6, 2013, where the cost of labor was depreciated.

Policy Number*: _____

Claim Number*: _____

Date of Loss*: _____

Address of Insured Premises*: _____

**information required in order to process your Claim Form*

This Claim Form applies only to the Covered Loss listed above. If you had more than one Covered Loss during the Class Period (May 1, 2010 and December 6, 2013) 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. Did you complete any repairs or replacement on the damaged part(s) of the insured premises that were itemized on the estimate provided by State Farm in connection with the Covered Loss?

YES ___ / NO ___

2. If you answered “Yes” to Question 1, did you complete such repairs or replacement **in full** (in other words, did you fully repair or replace each of the items listed on the estimate)?

YES ___ / NO ___ / DON'T RECALL ____

3. Was the actual cost to repair or replace the damaged part(s) of the insured premises higher than the amount of the initial insurance payment you received?

YES ___ / NO ___ / DON'T RECALL ____

SIGN AND DATE YOUR CLAIM FORM:

I have read this Claim Form; I believe that I am eligible for Class membership; and all of the information on this Claim Form 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 1, 2020** and mailed to:

Stuart v. State Farm Notice Administrator
c/o JND Legal Administration
P. O. Box 91209
Seattle, WA 98111

CLAIMS ADMINISTRATION:

Please be patient. You will receive a letter telling you if you qualify for a payment. If you do qualify for payment under the Settlement, your Settlement Check will be included with that letter.