

Claim Form

Kogan v. Allstate Class Action Settlement

You are receiving this claim form as part of a class action settlement overseen by the United States District Court for the Western District of Washington. The records of Allstate, Encompass, or Esurance (“Settling Defendants”), show that you may be eligible to receive money from the Settlement, because you made a claim for underinsured motorist property damage benefits with Settling Defendants for an automobile accident on _____ (DATE) involving a _____ (VEHICLE YEAR) _____ (VEHICLE MAKE and MODEL) insured by one of the Settling Defendants.

If you properly submit this Claim Form, you may receive a check representing a diminished value settlement payment. The check may be more or less depending on the application of the Settlement formula discussed in the Notice you received.

To recover a share of the Settlement, you must answer, to the best of your knowledge, all three questions below. If you do not know the answer, indicate “I don’t know.”

		<i>Check one answer in each row below:</i>		
1.	Before the accident date listed above, had your vehicle been involved in any other accident or accidents <i>while you owned the vehicle</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don’t know <input type="checkbox"/>
2.	Before you owned the vehicle, had it been involved in any other accident or accidents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don’t know <input type="checkbox"/>
3.	At the time of the accident, did you lease your vehicle (as opposed to owning it)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don’t know <input type="checkbox"/>

Are you the subject of an open and ongoing bankruptcy proceeding? Yes No

I affirm, under oath, that the responses I have provided above are true and correct, to the best of my knowledge.

Date: - -
 MM DD YY

Signature:

Printed Name:

