

Official Use Only

**RESPONSE DUE DATE**  
*Postmarked By*  
**XXXXXXXXXX XX, 2006**

**ZURICH SETTLEMENT  
CLAIM FORM**

If you are a Settlement Class Member who purchased or renewed one or more insurance policies issues by Zurich (a list of Zurich Insurer companies is provided in the Notice), you do not have to fill out this form to receive settlement relief under the Zurich Settlement. *However, if you are a Settlement Class Member who purchased or renewed one or more insurance policies issued by an Insurer Defendant (a list of Insurer Defendant companies is also provided in the Notice), you must complete the following form for each such policy that you purchased or renewed and mail to the address listed below in order to participate in the settlement for such policies.* This claim form must be postmarked by \_\_\_\_\_, 2006.

<b>CLAIMANT INFORMATION:</b> <i>(Please print or type)</i>	
<i>Name</i> _____ / _____ <i>Title</i>	<i>Company/Organization Name</i> _____
<i>Address</i> _____	<i>City, State, Zip</i> _____
<i>Phone Number/Ext.</i> _____	<i>Email Address</i> _____

<b>POLICY INFORMATION:</b> <i>(Please print or type)</i>	
<i>Name of Broker</i> _____	<i>Broker Address</i> _____
<i>City, State, Zip</i> _____	<i>Phone Number</i> _____
<i>Name of Insurance Company</i> _____	<i>Policy Number</i> _____
<i>Total Annual Insurance Premium</i>	<i>\$</i> _____

I certify under penalty of perjury that the information above is true and correct and that the submission of false information may subject me to civil and/or criminal penalties.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Mail by XXXXXXXXXXXX XX, 2006 to:**  
Zurich Settlement  
[class administrator address]