

RESPONSE DUE DATE
Postmarked By
XXXXXXXXXX XX, 2006

ZURICH SETTLEMENT
CLAIM FORM

Official Use Only
[Empty box]

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) or any insurance company that is not an affiliate or subsidiary of a Zurich Insurer, 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.

CLAIMANT INFORMATION: *(Please print or type)*

Name _____ / _____ Title _____		Company/Organization Name _____
Address _____		City, State, Zip _____
Phone Number/Ext. _____		Email Address _____

POLICY INFORMATION: *(Please print or type)*

Name of Broker _____	Broker Address _____
City, State, Zip _____	Phone Number _____
Name of Insurance Company _____	Policy Number _____
Total Annual Insurance Premium _____	\$ _____

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]