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CLAIM CONFIRMATION FORM

Johnson v. American Family Insurance.
Case No. 24SL-CC00378 (St. Louis County, Cir. Ct.)

Directions: Please answer the questions below to confirm your Claim under the Settlement. You may submit your responses online at www.AmericanFamilyTotalLossSettlement.com or by **printing and mailing in this form**. You must sign and date the form and return to the P.O. Box below, postmarked no later than **November 19, 2024**.

Johnson v. American Family Insurance
c/o Kroll Settlement Administration
P.O. Box 5324
New York, NY 10150-5324

Questions: Respond to each question below.

1. Did you resolve your total loss claim by appraisal?

An appraisal is a process by which the insured and the insurer each select an appraiser to determine the value of the total loss. You should only answer “yes” to this question if you requested appraisal at the time of your total loss.

Check One: Yes No

2. Did you resolve your total loss claim by negotiating an agreement with your insurer?

This question does not concern negotiations done on your behalf by the attorneys in this class action lawsuit. You should only answer “yes” to this question if you negotiated an agreement with your insurer at the time of the total loss.

Check One: Yes No

3. Did you resolve your total loss claim via a lawsuit that led to a settlement or judgment with your insurer?

This question does **not** concern the lawsuit, Settlement, or judgment reached by Class Counsel in this class action. You should only answer “yes” to this question if you brought a lawsuit against your insurer at the time of your total loss and that lawsuit resulted in a settlement or judgment with your insurer.

Check One: Yes No

AFFIRMATION (required)

By signing below, I certify that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above, that, to the best of my knowledge, the information on this Claim Form is true and correct.

SIGNATURE

_____/_____/_____
DATE (mm/dd/yyyy)

NAME (please print)



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