

# CLAIM FORM

## INSTRUCTIONS

**You are encouraged to submit your Claim using the Pre-Filled Electronic Claim Form or detachable Pre-Filled Paper Claim Form, using the Unique ID Number that appears on the Postcard Notice or Email Notice sent to you. Doing so will allow for the most efficient and accurate processing of your Claim.**

**If you misplaced or discarded the Postcard Notice or Email Notice containing your Unique ID Number, contact the Settlement Administrator by calling 1-877-390-3159 or email [info@UbillusPerryTotalLossClassAction.com](mailto:info@UbillusPerryTotalLossClassAction.com) to obtain your Unique ID.**

**PLEASE NOTE: If you do not have the Unique ID Number, you must submit your Claim using this form by the Claim Deadline set forth below, even if you have requested it from the Settlement Administrator.**

To submit a claim, please complete the form below and provide:

- Your full name;
- Your Progressive Marathon Insurance Company or Progressive Michigan Insurance Company automobile insurance policy number or your claim number for your Covered Total Loss Claim(s);
- Whether you were not previously paid Sales Tax, a Certificate of Title Fee, or a Vehicle Registration Transfer Fee;
- If you had more than one Covered Total Loss Claim paid during the following class period, please include all claim numbers:
  - For Progressive Marathon Insurance Company: July 18, 2013, through July 22, 2024
  - For Progressive Michigan Insurance Company: July 18, 2016, through July 22, 2024;
- Your current address;
- Your name and/or address at the time of your Covered Total Loss Claim, if different from your current name and/or address; and
- Electronically sign and date this form.

**Electronic Claim Forms must be submitted online by 11:59 p.m. ET on December 6, 2024.**

**UBILLUS/PERRY V. PROGRESSIVE SETTLEMENT BLANK ELECTRONIC CLAIM FORM**

Name (First and Last Name): \_\_\_\_\_

Name at the time of your Total Loss claim on a Progressive automobile insurance policy (*if different from your current name*): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

OR

Claim Number(s): \_\_\_\_\_

Mark only those that apply. I was not paid:

Sales Tax

Certificate of Title Fee

Vehicle Registration Transfer Fee

Address: \_\_\_\_\_

\_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(phone) \_\_\_\_\_ (email)

Address at the time of your Total Loss claim(s) if different than your current address:

\_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

BY SIGNING BELOW, I CERTIFY THAT I MADE THE INSURANCE CLAIM(S) IDENTIFIED ABOVE OR I AM THE LEGALLY AUTHORIZED PERSONAL REPRESENTATIVE, GUARDIAN, OR TRUSTEE OF THE PERSON WHO MADE THE CLAIM(S). TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS CLAIM FORM IS TRUE AND CORRECT. I UNDERSTAND PROGRESSIVE MAY AUDIT MY CLAIM.

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Electronic Claim Form must be submitted online by 11:59 p.m. ET on December 6, 2024. Claim Forms that are not complete or submitted by this Claim Deadline, as determined by the Settlement Administrator, will not be considered for payment.**