

CLAIM FORM

INSTRUCTIONS

You are encouraged to submit your Claim using the Pre-Filled Electronic Claim Form or the 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 to obtain your Unique ID Number.

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
- Sign and date this form.
- Mail this form via first-class mail or private courier at your own cost.

You can complete and submit a Blank Electronic Claim Form online at www.UbillusPerryTotalLossClassAction.com or mail this Blank Paper Claim Form to the following address:

Ubillus Perry Total Loss Settlement
c/o A.B. Data, Ltd.
P.O. Box 173063
Milwaukee, WI 53217

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

UBILLUS/PERRY V. PROGRESSIVE SETTLEMENT BLANK PAPER 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.

Signature: _____

Date: _____

Name (please print): _____

This Claim Form must be submitted online by 11:59 p.m. ET on, or mailed to the above address postmarked by, 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.