

Claim Form

BRUNSWICK v. AMICA MUTUAL INSURANCE COMPANY Class Action Settlement

You are receiving this claim form as part of a class action settlement overseen by the Washington Superior Court in Pierce County. Records of AMICA MUTUAL INSURANCE COMPANY and AMICA PROPERTY AND CASUALTY INSURANCE COMPANY (together "AMICA") show that you may be eligible to receive money from the Settlement, because you made a claim for uninsured or underinsured motorist property damage benefits with AMICA for an automobile accident on <<AccidentDate>> involving the <<VehicleYear>> <<VehicleMakeandModel>> insured by AMICA.

If you properly submit this Claim Form, you may receive a check representing a diminished value settlement payment. The check may be more or less depending on the application of the formula discussed in the Notice you received.

To recover a share of the Settlement, you must answer, to the best of your knowledge, all four questions below. If you do not know the answer circle "I don't know."

		<i>Circle one answer in each row below:</i>		
1.	Before the accident date listed above, had your vehicle been involved in any other accident or accidents <i>while you owned the vehicle</i> ?	Yes	No	I don't know
2.	Before you owned the vehicle, had it been involved in any other accident or accidents?	Yes	No	I don't know
3.	At the time of the accident, did you lease your vehicle (as opposed to owning it)?	Yes	No	I don't know
4.	Since the accident date listed above, have you filed bankruptcy or been discharged from bankruptcy?	Yes	No	I don't know

I affirm, under oath, that the responses I have provided above are true and correct, to the best of my knowledge.

Date: _____ Signature: _____

Printed Name: _____

Your contact information

Please complete your contact information below. This will allow us to follow up and to send you your check if your Claim Form is valid.

Name: _____

Mailing address: _____

Email Address(es) _____

Phone Number(s): _____

To be valid, this form must be postmarked or submitted online by March 7, 2022

Further instructions are on the back of this page

Submit your form in the following manner:

Online: www.AmicaSettlement.com

Or by Mail: Brunswick v. Amica Mutual Insurance Co.,
c/o CPT Group Inc.,
50 Corporate Park,
Irvine, CA 92606

Questions?

Visit www.AmicaSettlement.com

Or

Call: 1-888-617-1631

To be valid, the Claim Form must be postmarked
or submitted online by:

March 7, 2022

If the addressee(s) of this Claim Form is/are unable to fill it out, and you have received it as you are their spouse, child, representative, person with durable power of attorney, heir, or responsible family member, please so note on the Form, and under your name please write in what capacity you are filling out the form (spouse, child, representative, person with durable power of attorney, heir, etc).