

## Claims Form for Additional Claims Payment

<b>RESPONSE DUE DATE Postmarked By July 7, 2022</b>	<b><i>Parry, et al. v. Farmers Insurance Exchange, et al.</i></b> <b>Superior Court for the State of California, Los Angeles County Case No. BC683856</b>	<b>Official Use Only</b>
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Records indicate that you are a class member because you worked as a Farmers<sup>®</sup> agent and/or Supervising Agent for an incorporated Farmers<sup>®</sup> agency in the State of California between November 16, 2013 and March 8, 2022. (“Class Period”).

Under the Settlement Agreement, you will automatically receive a pro-rata settlement payment based on your length of time as a California Farmers<sup>®</sup> agent/Supervising Agent (“Direct Payment”) unless you submit a written request to the Settlement Administrator to be excluded from the Settlement Class. **You do not have to fill out this form to receive a Direct Payment.**

Under the Settlement Agreement, if you do not submit a written request for exclusion from the Settlement Class, you may also submit a claim for an **ADDITIONAL** settlement payment (“Claims Payment”) for certain expenses you paid that were necessary to meet one or more of the Farmers’ Smart Office Standards, even if you did not meet all Smart Office Standards. The maximum Claims Payment you can receive is \$10,000. That amount may be less, however, depending on how many class members submit claims and the amount of attorneys’ fees the Court awards from this portion of the Settlement.

**If you submit a claim, your identity will be kept confidential.** Your identity will be known only to Farmers’ legal department/legal counsel and to designated personnel in Farmers’ accounting and marketing departments who agree to keep your information **in strict confidence** and who cannot disclose your identity to Farmers’ District Managers, Area Sales Managers or any members of Territory Leadership or Executive Leadership.

To submit your claim for a Claims Payment, you may use the secure online portal maintained at [www.CaliforniaInsuranceAgentsSettlement.com](http://www.CaliforniaInsuranceAgentsSettlement.com). We encourage you to use the online portal, but you can also submit your claim for an additional settlement payment using the claim form below by mailing it (and supporting records) to:

*Parry v Farmers Insurance Settlement*  
c/o AB Data, Ltd.  
P.O. Box 170800  
Milwaukee, WI 53217

or scanning and e-mailing it to [info@CaliforniaInsuranceAgentsSettlement.com](mailto:info@CaliforniaInsuranceAgentsSettlement.com).

Claim Forms, whether submitted via the online portal, mail or e-mail, submitted or postmarked after **July 7, 2022** will be rejected.

Complete All **Three** Steps to submit a claim:

**1. Verify or update your contact information:**

**Check box if contact information is correct.**

If the information above is incorrect, or incomplete, please correct it below: *(Please print or type)*

\_\_\_\_\_

Name Agency Name and Agent Number

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Street Address City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Complete the certification:** Complete the following certification stating that you paid expenses in the amount(s) set forth below and gather documentation as necessary. You need to submit documentation for any expenses you paid in items (a) through (e) UNLESS those expenses were deducted from your Farmers' folio and you check box(es) for those expenses below indicating such folio deductions.

I swear under penalty of perjury recognized by the laws of the State of California that: (a) between November 16, 2013 and December 31, 2020, I paid the expense(s) in the amount(s) and categories I have filled in below while appointed as a Farmers agent; and (b) those expenses were necessary to meet one or more Farmers' Smart Office Standards

<b>a. Licensed and appointed staff necessary to have agency open 45 hours a week (see footnote<sup>1</sup> below)</b>			
Name Staff Member (Check boxes as appropriate)	Claimed Cost	Submitting Documentation	
	\$ _____	<input type="checkbox"/>	

<sup>1</sup> You may only make a claim for expenses paid for **one** full-time Licensed & Appointed staff (or one or more part-time Licensed & Appointed staff who were the equivalent of one full-time Licensed & Appointed staff). Eligible expenses include the wages or salary paid and the costs of licensing and appointment, including: licensing with DOI; online training for insurance licensing exams; and background check fee.

**However**, if you were appointed as a Farmers agent through any of the following three programs that required a Licensed and Appointed staff to be appointed, **External Acquisition (after 1/1/2019), SEED, or Retail**, then you **cannot** make a claim for expenses you paid for Licensed and Appointed staff.

	\$ _____	<input type="checkbox"/>	
Total	\$ _____		
<b>b. Exterior signage</b>			
Check boxes as appropriate	Claimed Cost	Submitting Documentation	Farmers deducted cost from Folio
<input type="checkbox"/> Outdoor sign	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Window Graphic	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____		
<b>c. Interior signage and branding</b>			
Check boxes as appropriate	Claimed Cost	Submitting Documentation	Farmers deducted cost from Folio
<input type="checkbox"/> Interior Sign	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cut out letters	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vinyl Graphics	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Plaques	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stationary	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Cards	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Promotion Items	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wall Art	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____		
<b>d. Digital</b>			
Check boxes as appropriate	Claimed Cost	Submitting Documentation	Farmers deducted cost from Folio
<input type="checkbox"/> Website Photo	\$ _____	<input type="checkbox"/>	
<input type="checkbox"/> Website customization expenses from 1/1/2018 to 1/31/2020 up to a maximum of \$30/month from Yext or as part of the Performance Marketing Package	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____		
<b>e. Office appearance</b>			
Check boxes as appropriate	Claimed Cost	Submitting Documentation	Farmers deducted cost from Folio
<input type="checkbox"/> Exterior	\$ _____	<input type="checkbox"/>	
<input type="checkbox"/> Interior	\$ _____	<input type="checkbox"/>	
<input type="checkbox"/> Furniture	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walls/floors	\$ _____	<input type="checkbox"/>	

Total	\$ _____	
GRAND TOTAL (sum of a through e)	\$ _____	

I further swear under penalty of perjury recognized by the laws of the State of California that the documents I have submitted with this Claim Form are true and accurate copies from my business records.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

NOTE: You need to submit documentation for any expenses you paid in items (a) through (e) UNLESS those expenses were deducted from your Farmers' folio. Examples of acceptable documentation include profit and loss statements or other accounting records you maintained in the ordinary course of business (e.g., Quickbooks); payroll records; receipts; or itemized expenses from tax returns.

### [UPLOAD SUPPORTING DOCUMENTS]

The total amount of expenses you submit above may exceed \$10,000. The **maximum** Claims Payment you can receive, however, is \$10,000. That amount may be less depending on how many class members submit claims.

**3. Timely Submit Claim Form and Supporting Records:** Return this signed, dated, and completed Claim Form with supporting records by **July 7, 2022** in one of these ways:

1. Email it to [info@CaliforniaInsuranceAgentsSettlement.com](mailto:info@CaliforniaInsuranceAgentsSettlement.com);
2. **Upload** it at [www.CaliforniaInsuranceAgentsSettlement.com](http://www.CaliforniaInsuranceAgentsSettlement.com); or
3. Mail it to:

*Parry v Farmers Insurance Settlement*  
c/o AB Data, Ltd.  
P.O. Box 170800  
Milwaukee, WI 53217

Claim Forms submitted or postmarked after **July 7, 2022** will be rejected.

**NOTE: The Settlement Administrator is authorized to request, from persons submitting this form, any documentation necessary to prevent consideration of duplicate claims submitted by or on behalf of a class member. Failure to provide such information in response to such request may constitute grounds for rejection of the Claim.**