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**THIS FORM MUST BE COMPLETED AND RETURNED BY DECEMBER 1, 2025.  
SEE INSTRUCTIONS BELOW.**

## CLASS ACTION SETTLEMENT CLAIM FORM

**IMPORTANT:** If you are a Class Member and timely complete and return this Claim Form by December 1, 2025, you may receive a check. **If you do not timely complete the Claim Form, you will not receive any payment.**

This Claim Form relates to the class action settlement in the case captioned *Bradley Martin et al. v. American Family Mut. Ins. Co., S.I.*, No. 2025-LA-0000021. You may be eligible for money from the Settlement if you made an insurance claim with American Family for a Covered Loss to receive property damage benefits. However, information in American Family’s records and from you will need to be reviewed to determine whether you are a Class Member, and, if so, the amount of any settlement payment to which you may be entitled if the Settlement is approved by the Court.

Please read the Class Notice before you complete this Claim Form. To participate in this Settlement, your Claim Form must be completed to the best of your ability, signed, and mailed to the Administrator or completed and submitted on the Settlement Website, [www.HallDepreciationSettlement.com](http://www.HallDepreciationSettlement.com), by **December 1, 2025**.

Please complete Sections I–IV so that American Family may confirm Class membership against its records and determine eligibility.

### SECTION I: CLAIMANT INFORMATION

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Claimant First Name: | MI:                  | Claimant Last Name:  |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                       |                      |
|-----------------------|----------------------|
| Unique ID (if known): | PIN (if known):      |
| <input type="text"/>  | <input type="text"/> |

Street Address:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City:                | State:               | ZIP Code:            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

QUESTIONS? CALL 1-888-857-6848 OR VISIT [www.HallDepreciationSettlement.com](http://www.HallDepreciationSettlement.com)



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**SECTION II: INSURED PARTY/PREMISES INFORMATION**

American Family Insured First Name (Required):

MI:

American Family Insured Last Name (Required):

American Family Policy Number:

American Family Claim Number:

Street Address of Insured Premises:

City:

State:

ZIP Code:

Date of Loss:

 -  - 

MM

DD

YYYY

**If you had more than one Covered Loss during the Class Period, you will need to complete a separate Claim Form for each of those losses.** You must separately complete, sign, and timely mail to the Administrator or complete and submit on the Settlement Website each and every Claim Form to be eligible for payment on each of your losses in the event the Settlement is approved by the Court.

*Please do not contact American Family or your American Family insurance agent. Your American Family insurance agent will not have information about this Settlement and will not be able to assist you with this Claim Form. You may, however, continue to call American Family or your American Family agent regarding other insurance matters.*

If you have any questions, please visit [www.HallDepreciationSettlement.com](http://www.HallDepreciationSettlement.com) or call 1-888-857-6848.

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**SECTION III: ADDITIONAL CLAIM INFORMATION**

**QUESTION 1**

*Leave this section blank unless the named policyholder(s) is (are) deceased or incapacitated.*

If the named policyholder(s) for the claim identified above is (are) either dead or incapable of completing this form, and you are submitting this Claim Form as the Legally Authorized Representative, please state how and when you became the Legally Authorized Representative and provide a copy of any documentation you may have supporting the fact that you are the Legally Authorized Representative.

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**QUESTION 2**

*Leave this section blank if you have not assigned or been assigned an insurance claim.*

If you have signed a contract that allows another party, such as a roofing contractor, to recover your insurance benefits (an "assignment"), please attach a written copy of the assignment and list the name and address of the party to whom the insurance claim was assigned, when, and why, unless clearly identified in the attached contract.

If you are submitting this Claim Form as the party to whom a claim was assigned, by signing this Claim Form you agree to indemnify American Family for any loss if the policyholder also files a Claim Form or disputes issuance of a Claim Settlement Payment to you.

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**SECTION IV: SIGN AND DATE YOUR CLAIM FORM**

I swear or affirm that I have read this Claim Form, I wish to make a claim associated with this Settlement, and all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature

Date: 

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MM DD YYYY

Print Name

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## **SECTION V: MAIL OR SUBMIT YOUR CLAIM FORM ONLINE**

Claim Forms must be postmarked by **December 1, 2025**, and mailed to the following address:

Hall v. American Family Administrator  
P.O. Box 2895  
Portland, OR 97208-2895

**OR**

Claim Forms can also be submitted on the Settlement Website at [www.HallDepreciationSettlement.com](http://www.HallDepreciationSettlement.com).  
Claim Forms must be submitted by **December 1, 2025**.

Please be patient. You will receive a letter telling you if you qualify for a payment. If the Settlement is approved by the Court and you do qualify for payment under the Settlement, your Settlement check will be included with that letter. If you do not qualify, a letter will be mailed to you explaining why.

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