

CLASS ACTION SETTLEMENT CLAIM FORM

Name: _____

Address: _____

IMPORTANT: You have been identified as a claimant who is likely a Class Member. If you are a Class Member and fail to submit this Claim Form, then you will receive nothing but still be bound by the settlement. *If* you are a Class Member and you submit this Claim Form, then you will receive a check. Only those insureds who fall within the definition of “Class Member” in the accompanying Class Notice will receive a check, and not all who receive the Class Notice are Class Members. There is no cost to you to submit a Claim Form.

The records of Frontier – Mt Carroll Mutual Insurance indicate that you might be a member of the Class in the case named *Gentes Trust #1 and Gentes Trust #2 v. Frontier-Mt Carroll Mutual Insurance*, Case No. 2022-LA-000269, Circuit Court for the Third Judicial Circuit of Madison County, Illinois. However, information in Frontier’s records need to be reviewed to determine whether you are in fact a member of the Class, and if so, how much money you may be entitled to receive.

Please read the accompanying 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 then: (1) mailed and postmarked by **December 15, 2023**, to Gentes Trust v. Frontier Settlement, c/o Atticus Administration, PO Box 64053, Saint Paul, MN 55164; (2) scanned or photographed and uploaded by **December 15, 2023** at www.FrontierDepreciationSettlement.com; OR (3) e-mailed by **December 15, 2023** to FrontierDepreciationSettlement@atticusadmin.com.

Frontier’s records reflect that the following claim may be at issue:

Policy Number: _____

Claim Number: _____

Date of Loss: _____

Address of Insured Premises: _____

This Claim Form applies only to the Covered Loss listed above. If you had more than one Covered Loss during the Class Period, then you may receive separate Claim Form(s) for those losses, and you must complete and mail those Claim Form(s) to be eligible for payment on those losses.

Please do not call Frontier or your insurance agent to discuss this lawsuit or this Claim Form. You may, however, continue to call Frontier or your agent regarding any other insurance matters.

If you have any questions, please visit www.FrontierDepreciationSettlement.com, or call 1-800-227-7163.

COMPLETE THE FOLLOWING QUESTIONS IF THEY APPLY:

1. Please provide your current mailing address only if the address listed above is not correct.

2. *Leave this section blank if all of the named policyholders are alive and capable of completing this form.* If *all* of the named policyholders for the claim identified above 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

3. *Leave this section blank if you have not signed a contract giving your insurance claim to someone else.* If you have signed a contract giving your insurance claim to someone else (an “assignment”), please attach a written copy of the contract or the insurance claim was assigned to you and you are the contractor, please list the name and address of the contractor person to whom the insurance claim was assigned, when, and why, unless clearly identified in the attached contract. An assignment is a written agreement allowing another party, like a roofer or contractor, to recover and keep your insurance benefits.

SIGN AND DATE YOUR CLAIM FORM:

I wish to make a claim associated with the class action settlement, and all information provided above is true and correct to the best of my knowledge.

Signature

Print Name

Date

MAIL YOUR CLAIM FORM OR SUBMIT YOUR CLAIM FORM ONLINE:

Once signed, this Claim Form and any attachments must be:

(1) scanned or photographed, and uploaded on or before **December 15, 2023** at the website:

www.FrontierDepreciationSettlement.com;

OR

(2) postmarked on or before **December 15, 2023**, and mailed to:

Gentes Trust v. Frontier Settlement

c/o Atticus Administration

PO Box 64053

Saint Paul, MN 55164

OR

(3) e-mailed on or before **December 15, 2023** to:

FrontierDepreciationSettlement@atticusadmin.com

CLAIMS ADMINISTRATION:

Please be patient. If you qualify for payment under the Settlement, a Settlement Check will be mailed to you. If you do not qualify, a letter will be mailed to you explaining why.