

# COMPENSATION CLAIM FORM

**To receive compensation, please print or type the following information.** This information is intended for use only with this compensation program and will be kept confidential.

**Primary Owner Name (listed first on the title) and Address:**

\_\_\_\_\_  
*First* *MI* *Last*

\_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City* *State* *Zip Code* - \_\_\_\_\_

**Co-Owner Name and Address (if different):**

\_\_\_\_\_  
*First* *MI* *Last*

\_\_\_\_\_  
*Street Address or P.O. Box*

\_\_\_\_\_  
*City* *State* *Zip Code* - \_\_\_\_\_

 *If necessary, please attach additional sheets to include all Co-Owners.*

**Phone Numbers:**

Daytime: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Evening: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Best time to reach you? (check one):**

- 8 a.m. to 12 p.m.
- 1 p.m. to 5 p.m.
- 5 p.m. to 8 p.m.

**If Known, Date You Purchased the Vehicle:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If Known, From whom did you Purchase the Vehicle?**

\_\_\_\_\_  
*Name of Person or Company*

\_\_\_\_\_  
*City* *State* *Zip Code* - \_\_\_\_\_

**In what State is your vehicle currently registered?** \_\_\_\_

 *Please use the two-letter postal code abbreviation.*

**Co-Ownership:** If the Vehicle is co-owned, applicable compensation does not increase and only one payment will be made for each titled vehicle. A joint check will be issued to both parties and both parties must sign this form to be entitled to compensation.

**Release:** Acceptance of the compensation described in this mailing constitutes a Release and Satisfaction of any and all claims the person(s) signing below has for any violation of the various Branded Title laws, causes of action relating to fraud, misrepresentation, negligent misrepresentation, or other consumer protection law against State Farm, and each of its affiliates, subsidiaries and employees, due to the fact that a Branded Title was not obtained for the Vehicle. The person(s) signing this claim form understands that this release is not binding until payment is made and the check has been negotiated.

**Acknowledgement of Eligibility:** My signature below is a promise that all of the following are true:

- I am the current registered owner(s) of the Vehicle.
- I was not aware before I acquired the Vehicle that it was previously salvaged or handled as a total loss.
- I did not own the Vehicle at the time it was handled as a total loss insurance claim.
- I am not a not rebuilder(s) or salvor(s) of salvage vehicles.
- I agree to the Release described above.

 **Please Sign Here:** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Primary vehicle owner)  
\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Co-Owner, if any)  
\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Co-Owner, if any)

**Questions:** If you have any questions concerning this compensation program or need assistance in completing the claim form please call the following toll-free number [xxx-xxx-xxxx] to speak with a compensation claim service representative. A representative will be available between the hours of [7:00 a.m. and 6:00 p.m.] (Central Standard Time). As this compensation program is being handled through an independent claim administrator, we request that you please not contact State Farm or its agents directly with any questions regarding the details of this compensation program.

**TO BE ELIGIBLE FOR THE COMPENSATION PLEASE  
RETURN THIS CLAIM FORM BY \_\_\_\_\_, 2005.**

**CALL [XXX-XXX-XXXX] FOR ANY QUESTIONS YOU MIGHT HAVE.**