

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MINNESOTA
Taqueria El Primo LLC et al. v. Illinois Farmers Ins. Co. et al.
Civil No. 19-3071 (JRT/ECW) (D. Minn.)

CLAIM FORM

Unique ID: 1111111 PIN: a!b@c#d\$

If the pre-printed information to the left is not correct or if there is no pre-printed information, please complete the information below:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

To receive a settlement payment, your completed Claim Form must be submitted by JUNE 20, 2025 via U.S. mail or electronically through the Settlement Administrator's website: WWW.FARMERSINSURANCEMINNESOTACLASSACTION.COM. If you scan the QR Code on this Claim Form with your camera phone, it will take you to the Settlement Administrator's website where you can submit a claim form.

You will only receive a settlement payment if you timely return this Claim Form and the Court grants approval of the settlement.

By signing below, you affirm that, between January 17, 2013, and September 13, 2023, you or your business purchased an automobile insurance policy in the State of Minnesota from the Farmers Defendants that provided for medical expense benefits under Minnesota's No Fault Act.

Printed Name: _____ Signature: _____

Date: _____

Submit your Claim online at WWW.FARMERSINSURANCEMINNESOTACLASSACTION.COM

Or scan below with phone camera:



Or return Claim Form by mail to:

Farmers Insurance Minnesota No-Fault Class Action
c/o Settlement Administrator
PO Box 2007
Chanhassen MN 55317-2007
info@FarmersInsuranceMinnesotaClassAction.com