CLAIM FORM B

***Rose v. The Travelers Home and Marine Insurance Company* Class Action Settlement**
United States District Court for the Eastern District of Pennsylvania
Case No. 2:19-cv-00977-GJP

Instructions: You must sign and submit this form by mail no later than **May 28, 2020** for each insurance claim you wish to be considered for a $150.00 monetary payment in the settlement.

First Name | MI | Last Name

Address

City | State | ZIP Code

Claim Number

Date of Loss: MM – DD – YYYY

Did the claimed damage to your property include rot damage?

☐ Yes ☐ No

I declare **under penalty of perjury** to the best of my knowledge and belief that:

(1) The foregoing information is true and correct;
(2) I (or my company) had an insurance claim with Travelers for a loss that included damage caused by or consisting of rot (rot damage), which was denied;
(3) As required under the policy for rot remediation:

i. the rot damage described above occurred while the insurance policy with Travelers was in effect;
ii. all reasonable means were used to save and preserve the property at the time of and after the loss; and
iii. prompt notice of the covered cause of loss that resulted in the rot damage was provided to Travelers.

I request that the insurance claim identified above be considered for a payment in the settlement in *Rose v. The Travelers Home and Marine Insurance Company.*

Signature