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CLAIM FORM

McCullough, et al. v. New Jersey Manufacturers Insurance Company

To submit a claim, please: (1) provide your full name; (2) provide your address; (3) confirm you are a New Jersey Manufacturers Insurance Company ("NJM") policyholder or otherwise entitled to payment by providing the Claim Number associated with the total loss or, if the claim number is unknown, your NJM Policy Number at the time of the total loss and the year, make, and model of each totaled leased vehicle; (4) sign and date this form; and (5) submit the completed form online no later than **November 15, 2025** *or* mail the completed form postmarked on or before **November 15, 2025** to the following address:

McCullough v. NJM Settlement
P.O. Box 4209
Portland, OR 97208-4209

First Name: MI: Last Name:

Address:

City: State: ZIP Code:

NJM Claim Number:

OR, IF THE CLAIM NUMBER IS UNKNOWN

NJM Policy Number:

Date of Loss:

MM – DD – YYYY

Year, Make and Model of the Totaled Leased Vehicle:

Vehicle Year:

Vehicle Make:

Vehicle Model:

REQUIRED AFFIRMATION (if this affirmation is not signed your claim will be denied): By signing below, I certify under oath that: (1) I am (check one): ☐ the person who made the insurance claim identified above, or ☐ the legally authorized personal representative, guardian, or trustee of the person who made the insurance claim identified above; (2) I, or the person who made the insurance claim identified above, sustained a total loss in a leased vehicle insured by NJM on or after March 19, 2015, to August 6, 2025; (3) I am, or the person who made the insurance claim identified above is, entitled to a Leased Vehicle Sales Tax Payment from NJM in accordance with the Class Action Settlement Agreement; and (4) the information on this Claim Form is true and correct.

Signature

Date: MM – DD – YYYY

Name (please print)