



1 2 3 4 5 6 7 8 9

If you require additional space, attach extra copies of Part II and/or Part III in the same format as below.  
Sign and print your name on each additional page.

**PART III - POLICY INFORMATION:** (Please print or type)

Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____
Insurance Company: _____	Policy Number: _____	Year** _____	Premium Paid \$ _____

\*\* (Inception/Renewal)

I certify under penalty of perjury that the information above is true and correct and that the submission of false information may subject me to civil and/or criminal penalties.

Signature: \_\_\_\_\_ Email Address: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The Settlement Administrator is authorized to request, from persons or entities submitting this form, any documentation necessary to verify all information appearing in the Claim Form or to prevent consideration of duplicate claims submitted by or on behalf of a class member. Failure to provide such information in response to such request may constitute grounds for rejection of the Claim.

Mail by June 12, 2007 to: Insurance Brokerage Antitrust Litigation, c/o Complete Claim Solutions, LLC,  
P.O. Box 24721, West Palm Beach, FL 33416