

Name(s):

Barcode:
Claimant ID:
Verification No.:

CLASS ACTION CLAIM FORM

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE INVALID AND THE CLAIM MAY BE DENIED. Unless you complete this Claim Form online, please carefully print using dark ink.

IF MORE THAN ONE PERSON IS NAMED AS A BORROWER AND THEIR NAME APPEARS ABOVE, THEN ALL NAMED BORROWERS MUST COMPLETE AND SIGN THIS CLAIM FORM.

TO BE COMPLETED BY YOU:

1. Claimant's Name:		
FIRST	MI	LAST
2. Claimant's Current Address (if different from the address on the envelope enclosing this Claim Form):		
STREET		
CITY	STATE	ZIP CODE
3. State in which property securing loan is located:		4. Claimant's Date of Birth:
		MM DD YYYY
5. Claimant's Home Telephone Number:		6. Claimant's Social Security Number:
() . . . - (Last four digits only)

1. Co-Claimant's Name:		
FIRST	MI	LAST
2. Co-Claimant's Current Address (if different from the address on the envelope enclosing this Claim Form):		
STREET		
CITY	STATE	ZIP CODE
3. State in which property securing loan is located:		4. Co-Claimant's Date of Birth:
		MM DD YYYY
5. Co-Claimant's Home Telephone Number:		6. Co-Claimant's Social Security Number:
() . . . - (Last four digits only)

CLAIMS ARE SUBJECT TO AUDIT AS DESCRIBED IN THE INSTRUCTIONS. CLAIMANTS ARE CAUTIONED NOT TO SUBMIT FRAUDULENT CLAIMS AS ALL CLAIMS ARE SUBJECT TO AN AUDIT AND REVIEW.

Please read the statements below and, if accurate, sign this form, follow the instructions, and return the Claim Form by the deadline.

- (1) During the time period described in the Instructions for this Claim Form, I was listed as a borrower under a lender-placed hazard, flood, flood-gap, or wind-only insurance policy issued to Carrington Mortgage Services LLC, Carrington Mortgage Holdings LLC, or Carrington Holding Company LLC (“Carrington”), by American Modern Insurance Group, Inc., American Modern Home Insurance Company, The Atlas Insurance Agency, Inc., Midwest Enterprises, Inc., American Family Home Insurance Company, American Modern Surplus Lines Insurance Company, American Western Home Insurance Company, American Southern Home Insurance Company, American Modern Insurance Company of Florida, Inc., American Modern Select Insurance Company, American Modern Lloyds Insurance Company, or Southwest Business Corporation, insuring residential real property (an “LPI Policy”);
- (2) I was charged a premium for an LPI Policy by Carrington, and either paid part or all of the premium and/or still owe the premium;
- (3) The LPI Policy was not cancelled in full and the entire premium was not refunded or credited to me; and
- (4) Since issuance of the LPI Policy, the debt on my residence secured by a mortgage has not been discharged in bankruptcy.

I hereby declare (or certify, verify, or state) that the foregoing statements and the information provided by me on this Claim Form are true and correct.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Signature of Claimant)	MM	DD	YYYY
	(Date Signed)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Signature of Co-Claimant)	MM	DD	YYYY
	(Date Signed)		

Please MAIL THIS CLAIM FORM to: StricklandLPISettlement, P.O. Box 6878, Broomfield, CO 80021, with a postmark of no later than March 28, 2018, or, if a private mail carrier is used, with a label reflecting that it is sent no later than March 28, 2018. Or, you may upload or submit a completed Claim Form online on the Settlement Website www.StricklandLPISettlement.com, no later than midnight Eastern Standard Time on March 28, 2018.