

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 complete both Sections 1 and 2 below, sign this form, follow the instructions, and return the Claim Form by the deadline.

## Section 1

- (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 Residential Credit Solutions, Inc. by Southwest Business Corporation, 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, or American Modern Lloyds Insurance Company, insuring residential real property (an "LPI Policy");
- (2) I was charged a premium for an LPI Policy by Residential Credit Solutions, Inc., 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, I have not filed a Petition under Chapter 7 of the United States Bankruptcy Code, and 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.

(Signature of Claimant)

MM DD YYYY

(Date Signed)

(Signature of Co-Claimant)

MM DD YYYY

(Date Signed)

**Please MAIL THIS CLAIM FORM** with identity verification document(s) to SekulaLPISettlement, 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 and identity verification document(s) online on the Settlement Website [www.SekulaLPISettlement.com](http://www.SekulaLPISettlement.com), no later than midnight Eastern Standard Time on March 28, 2018.

## **Section 2**

### **VERIFICATION OF IDENTITY OF CLAIMANT**

In order to submit a valid Claim, Claimants must in addition to making the verifications set forth in Section 1 above, confirm their identity through one of the following methods:

(1) The signature of a witness who is 18 or older verifying that they witnessed the Claimant(s) execute the Claim Form, and this witness verification shall include the following language: "I verify that I witnessed the signing of this Claim Form by the Claimant and the foregoing is true and correct," or

(2) Provide a copy of a valid form of government identification that contains a signature and photograph of the Claimant(s), or

(3) Provide a copy of a RCS mortgage statement issued to Claimant(s), or

(4) Provide a completed notary verification that the Claimant(s) executed the Claim Form making the required affirmations under oath in the presence of the notary, and with evidence of the notarial authority in compliance with the law of the state in which it is being executed (such as a seal).

**You must provide only one of the above.**

**Forms for verifying your identity using Options 1 and 4 above, appear on the following pages. If you provide a witness signature (Option 1), OR a photographic identification with a signature (Option 2), OR a mortgage statement (Option 3), you do not need to provide a notary verification (Option 4) and may discard it.**

**Option 1**  
**WITNESS VERIFICATION**

I witnessed the Claimant(s) execute the foregoing Claim Form, and affirm and verify under penalty of perjury that the foregoing is true and correct:

\_\_\_\_\_ (Signature of Witness) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Address of Witness)

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Option 4**  
**NOTARY VERIFICATION**

STATE OF \_\_\_\_\_)

SS

COUNTY OF \_\_\_\_\_)

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, who after having been duly sworn, state(s) that the foregoing affirmation and statement is true and correct. He/she personally appeared before me, is/are personally known to me or produced \_\_\_\_\_ as identification, and did take an oath.

Notary: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_ [NOTARY SEAL]

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_