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CLARKE, ET AL. v. LEMONADE, INC., ET AL. SETTLEMENT CLAIM FORM

THIS CLAIM FORM MUST BE SUBMITTED ONLINE OR POSTMARKED BY AUGUST 22, 2022, AND MUST BE FULLY COMPLETED, BE SIGNED, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

Instructions: Fill out each section of this form and sign where indicated.

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Mailing Address:

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Where You Lived When You Submitted Your Insurance Claim (if different)

Mailing Address:

City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email Address (optional):

Contact Phone #: (You may be contacted if further information is required.)

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Class Member Verification: By submitting this Claim Form and checking the boxes below, I declare that I believe I am a member of the Settlement Class and that the following statements are true (each box must be checked to receive a payment):

I submitted an insurance claim to Lemonade between June 25, 2019, and May 27, 2021, and provided first notice of loss through a video claim submission to Lemonade from which Lemonade could have collected, captured, received, or otherwise obtained and/or stored data or information that could be construed as biometric identifiers or biometric information:

- the State of Illinois; or
- other State (if not Illinois).

I have not filed for an Opt-Out or exclusion from this Settlement. I have not submitted any other Claim for the same account nor authorized any other person or entity to do so, and I know of no other person or entity having done so on my behalf. If I maintained account(s) jointly with any other person or entity, only one Claim has or will be submitted per account. Under penalty of perjury, all information provided in this Claim Form is true and correct to the best of my knowledge and belief.

Signature:

Date: - -
MM DD YY

Print Name:

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the information contained in the Notice and available at LemonadeBIPASettlement.com. The Settlement Administrator will review your Claim Form; you may be required to submit additional documentation to validate your claim. If accepted, you will be provided an electronic payment or check for a pro rata share of the Net Settlement Fund. This process takes time. Please be patient.

Questions? Visit LemonadeBIPASettlement.com or call 1-866-977-1153.