

CLAIM FORM

Deleon, et al. v. Direct General Ins. Co., et al.
Florida 9th Circuit Judicial Court, Case No. 2019-CA-001636-OC

www.DeleonTotalLossClassActionSettlement.com

If you suffered a first-party total loss while insured by Direct General, Imperial, or Integon between a certain date in 2014 and July 30, 2020, you may be entitled to a payment of up to \$79.85 for certain fees. You may also be entitled to an additional payment for applicable sales tax.

INSTRUCTIONS: Complete this Claim Form and mail it postmarked by **December 10, 2020** to:

Deleon Total Loss Settlement
c/o Settlement Administrator
PO BOX 30135
Philadelphia, PA 19103-9966

FIRST NAME

LAST NAME

NOTICE ID NUMBER*

*Your Notice ID can be found on the Postcard Notice mailed to you.

PRIMARY ADDRESS (MAILING ADDRESS)

PRIMARY ADDRESS (CONTINUED)

CITY

STATE

ZIP CODE

AFFIRMATION (required): I affirm that (a) I am or was an insured of Direct General, Imperial, or Integon and received payment from my insurer on a covered first-party total loss claim, (b) I did not receive a license plate transfer fee, a title transfer fee, and/or sales tax calculated as the applicable percentage of the adjusted value of the insured vehicle, and I have not received payment of such fees or taxes from any other applicable insurance, and (c) I received my initial payment on the total loss claim: (i) on or after May 21, 2014, to the extent that I was a Direct General insured; (ii) on or after July 26, 2014, to the extent that I was an Imperial insured; or (iii) on or after June 21, 2014, to the extent that I was an Integon insured. By signing below, I submit this Claim Form and declare that, under penalty of perjury, the information contained in this Claim Form is true and correct.

Signature: _____ Dated: _____

Name (please print): _____