

**Your claim must be
submitted online or
postmarked by:
November 16, 2026**

Bond v. Folsom Insurance Agency, LLC
No. 3:24-cv-02551-BN
United States District Court
Northern District of Texas
CLAIM FORM

**FMB
CLAIM**

GENERAL INSTRUCTIONS

You are a member of the Settlement Class and eligible to submit a Claim Form if:

You are a person throughout the United States (1) to whose cellular telephone number or other number for which they are charged for a call or voicemail (2) that Cody Folsom and/or Folsom Insurance Agency, LLC (or an agent acting on their behalf) placed a call and/or a voicemail to (3) between February 29, 2020, through September 15, 2026 (4) using an identical or substantially similar pre-recorded message used to place telephone calls and/or voicemails to Plaintiff (5) as included in the 41,719 phone numbers identified in the Expert Report of Aaron Woolfson.

The Settlement Benefits

Folsom Insurance will establish a settlement fund of \$850,000. Out of the settlement fund will be paid:

- (1) Settlement compensation to participating settlement class members.
- (2) An award of attorneys' fees not to exceed one-third of the settlement fund, subject to the court's approval.
- (3) Litigation costs and expenses incurred by class counsel in litigating the claims in this matter not to exceed \$35,000, subject to the court's approval.
- (4) Costs of notice and administration. It is estimated that each valid, approved claimant will receive between \$125 and \$200, depending on the number of settlement class members who participate.

This Claim Form may be submitted electronically *via* the Settlement Website at **www.FolsomSettlement.com** or completed and mailed, to:

Bond v. Folsom Insurance Agency, LLC
c/o Settlement Administrator
ATTN: CLAIM FORMS
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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I. SETTLEMENT CLASS MEMBER NAME AND CONTACT INFORMATION

Provide your name and contact information below. You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Telephone Number

Notice ID, if known

II. CLAIM A SETTLEMENT PAYMENT

Please check the box below if you attest to the following statement and wish to receive your equal share of compensation from this settlement:

- ☐ Folsom Insurance Agency, LLC, placed call or voicemail to my cellular phone even though I did not have a relationship with them using an artificial or prerecorded voice between February 29, 2020, and September 15, 2026. I wish to participate in this settlement.

Telephone number at which I received the call(s): _____ - _____ - _____

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VI. PAYMENT SELECTION

Please select **one** of the following payment options:

☐ **PayPal** - Enter your PayPal email address: _____

☐ **Venmo** - Enter the mobile number associated with your Venmo account: _____ - _____ - _____

☐ **Zelle** - Enter the mobile number or email address associated with your Zelle account:

Mobile Number: _____ - _____ - _____ or Email Address: _____

☐ **Virtual Prepaid Card** - Enter your email address: _____

☐ **Physical Check** - Payment will be mailed to the address provided in Section I above.

VII. ATTESTATION & SIGNATURE

I swear and affirm under penalty of perjury that the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Claims Administrator before my claim is considered complete and valid.

Signature

Printed Name

Date