

**Your claim must
be submitted
online or
postmarked by:
JANUARY 29,
2027**

ALLSTATE HERNANDEZ DEPRECIATION SETTLEMENT
Hernandez v. Allstate Vehicle and Property Ins. Co.
Case No. CV-2026 00048
In the Superior Court of the State of Arizona, County of Mohave

HDS

CLASS ACTION SETTLEMENT CLAIM FORM

IMPORTANT: If you are a class member and timely complete and return this Claim Form by JANUARY 29, 2027, you may receive a check. If you do not complete the Claim Form, you will not receive any payment.

This is a Court-approved Claim Form as part of a class action settlement in the case captioned, *Hernandez v. Allstate Vehicle and Property Ins. Co.*, No. CV-2026 00048. If you made an insurance claim with Allstate for property damage that occurred between April 25, 2017, and October 1, 2026, you may be eligible for money from the Settlement. for the claim identified below However, information in Allstate's records and from you may need to be reviewed to determine whether you are a Class Member, and if so, the amount of any settlement payment to which you may be entitled if the Settlement is approved by the Court.

Please read the Class Notice available on the Settlement Website, www.HernandezDepreciationSettlement.com, before you complete this Claim Form. To participate in this Settlement, your Claim Form must be completed to the best of your ability, signed, and then mailed postmarked to the Claims Administrator by **JANUARY 29, 2027**.

SECTION I – CLAIMANT INFORMATION

First Name	Last Name
Street Address	
City	State
Email Address	Phone Number
	Notice ID

Please provide your Allstate claim information that may be at issue in this Settlement:

Insured First Name	Insured Last Name
Address of Insured Premises	
City	State
Date of Loss	Policy Number
	Claim Number

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This Claim Form applies only to the Covered Loss listed above.¹ If you had more than one Covered Loss during the Class Period (April 25, 2017, through October 1, 2026) then you will need to mail a separate Claim Form(s) for those losses, and you must separately complete, sign, and timely mail each and every Claim Form to be eligible for payment on each of your losses in the event the Settlement is approved by the Court.

Please do not contact Allstate or your Allstate insurance agent. Your Allstate insurance agent will not have information about this Settlement and will not be able to assist you with this Claim Form. You may, however, continue to call Allstate or your Allstate agent regarding any other insurance matter(s). If you have any questions, please visit www.HernandezDepreciationSettlement.com, write to Info@HernandezDepreciationSettlement.com, or call 1-866-945-4242.

SECTION II

FOLLOW THE DIRECTIONS BELOW TO MAKE A CLAIM.

TO MAKE A CLAIM, COMPLETE STEPS “A,” “B” AND “C”:

A. YOU ONLY NEED TO FILL IN THE FOLLOWING BLANKS IF YOUR ANSWER TO EACH QUESTION BELOW IS “YES”:

QUESTION 1:

Is your current mailing address different from the Address of Insured Premises listed above? *(Leave this answer blank if the above address is your current mailing address).*

QUESTION 2:

Is the Allstate named policyholder(s) for the claim identified above deceased or incapacitated, and you are submitting this Claim Form as the Legally Authorized Representative? If so, please state how and when you became the Legally Authorized Representative and provide a copy of any documentation you may have supporting the fact that you are the Legally Authorized Representative *(Leave this answer blank unless the named policyholder(s) are deceased or incapacitated).*

¹ “Covered Loss” means a first party insurance claim for Structural Loss that: (a) occurred during the Class Period, and (b) resulted in an ACV Payment by Allstate.

“Structural Loss” means physical damage to a home, building, manufactured home, condo, rental dwelling, or other structure in Arizona while covered by a property insurance policy issued by Allstate.

All capitalized terms used herein that are not otherwise defined have the meanings ascribed to them in the parties’ Agreement.

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QUESTION 3:

Did you assign your insurance claim identified above to a contractor, or are you a contractor who received an assignment for the insurance claim identified above? If so, please provide the name and address of the contractor to whom the insurance claim was assigned and attach a copy of the assignment. An “assignment” is an agreement that allows another party, such as a roofing contractor, to recover your insurance benefits.

If you are submitting this Claim Form as the contractor to whom a claim was assigned, by signing this Claim Form you agree to indemnify Allstate for any loss if the policyholder also files a Claim Form or disputes issuance of a Claim Settlement Payment to you. *(Leave this answer blank if the insurance claim was not assigned to a contractor).*

B. SIGN AND DATE YOUR CLAIM FORM:

I swear or affirm that:

I have read this Claim Form; I wish to make a claim associated with this Settlement; and all of the information on this Claim Form is true and correct to the best of my knowledge.

Signature

Print Name

Date

C. MAIL YOUR CLAIM FORM:

Claim Forms must be postmarked by **JANUARY 29, 2027**, and mailed to:

Allstate Hernandez Depreciation Settlement
Attn: Claim Form
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

OR

If you received a notice by mail that includes a Notice ID and Confirmation Code, you may submit your Claim Form online on the Settlement Website at **www.HernandezDepreciationSettlement.com**.

Claim Forms must be completed online by **JANUARY 29, 2027**. Please have your Notice ID and Confirmation Code available to enter as part of the online submission process as well as your email address to receive confirmation of your online submission. You must also include the Covered Loss address listed in Section I in your online submission.

CLAIMS ADMINISTRATION: Please be patient. You will receive a letter telling you if you qualify for a payment. If the Settlement is approved by the Court and if you do qualify for payment under the Settlement, your Settlement Check will be included with that letter. If you do not qualify, a letter will be mailed to you explaining why. If you have any questions, please visit www.HernandezDepreciationSettlement.com, write to Info@HernandezDepreciationSettlement.com, or call 1-866-945-4242.