

**Cavallaro v. United Services Automobile Association, et al.,
Case No. 1:20-CV-00414-TSB
CLAIM FORM**

Unique Claim Number:

Name:

Date of Loss:

Settlement Claim ID:

1. ADDRESS (if different from above)

Primary Address:		
Primary Address Continued:		
City:	State:	Zip Code:

2. AFFIRMATION (required): By signing below, I certify under penalty of perjury that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above, that, to the best of my knowledge, the information on this Claim Form is true and correct and, to the best of my knowledge, I believe I was not paid in full for Sales Tax, CRA Sales Tax, and/or Salvage Title Fees.

Signature: _____ Dated: _____

Name (please print): _____