



## Section II: Claim Detail

To be considered for a share of the Settlement, please complete the following questions to the best of your knowledge. If you do not know the answer, place an "x" in the box marked "I don't know." If you do not know an exact date, provide an approximate date to the best of your knowledge.

<p>1. Between July 28, 1987, and February 24, 1998, were you insured by a vehicle casualty insurance policy issued by State Farm?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> I don't know</p>
<p>2. Between July 28, 1987, and February 24, 1998, did you make a claim for vehicle repairs pursuant to your State Farm Policy?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> I don't know</p>
<p>3. Did you have non-factory authorized and/or non-OEM (Original Equipment Manufacturer) "crash parts" installed on or specified for your vehicle or else received monetary compensation determined in relation to the cost of such parts?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> I don't know</p>
<p>4. Date (month, day, and year) you made your claim for damage to your vehicle:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="checkbox"/> I don't know</p> <p style="text-align: center;">MM                  DD                  YYYY</p>
<p>5. State of residence at the time you made your claim for damage to your vehicle:</p> <p><input type="text"/> <input type="text"/>    <input type="checkbox"/> I don't know</p>
<p>6. If you resided or garaged your vehicle in <u>Illinois</u> at the time you made your claim for damage to your vehicle, date (month, day, and year) your State Farm policy was issued/executed:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="checkbox"/> I don't know</p> <p style="text-align: center;">MM                  DD                  YYYY</p>
<p>7. If you resided in <u>California</u> at the time you made your claim for damage to your vehicle, date (month, day, and year) your State Farm policy was issued/executed:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>    <input type="checkbox"/> I don't know</p> <p style="text-align: center;">MM                  DD                  YYYY</p>

\* "Crash parts" include (1) fenders; (2) hoods; (3) doors; (4) deck lids; (5) luggage lid panels; (6) quarter panels; (7) rear outer panels; (8) front-end panels; (9) header panels; (10) filler panels; (11) door shells; (12) pickup truck beds, box sides, and tail gates; (13) radiator/grill support panels; (14) grilles; (15) headlamp mounting panels/brackets/housings/lenses; (16) tail lamp mounting panels/brackets/housings/lenses; (17) cutter body mouldings; (18) door body side moulding; (19) front wheel opening mouldings; (20) side mouldings; (21) front and rear fascias; (22) outer panel mounting brackets, supports, and surrounds; (23) bumpers (excluding chrome bumpers); (24) bumper covers/face bars; and (25) bumper brackets/supports.

