

**Sikes v. Farmers**  
**PROOF OF CLAIM FORM (EXHIBIT B)**

IF YOU ARE A MEMBER OF SUBCLASS 2 AND CHOOSE TO REQUEST A RE-EVALUATION OF THE AMOUNT OF GENERAL DAMAGES PAYMENT, YOU MUST COMPLETE THIS FORM. YOU MUST COMPLETE AND RETURN THIS FORM BY JULY 22, 2005.

**SECTION I. INSTRUCTIONS**

1. Complete all items. Type or print all information (except for signature).
2. RETAIN COPIES OF SUPPORTING DOCUMENTATION.
3. Sign this Proof of Claim Form, and have your signature notarized.
4. After completing and signing this Proof of Claim Form, please mail it to the following address: **Farmers Claims Administrator, c/o Rust Consulting, Inc., PO Box 103, Minneapolis, Minnesota 55440-0103.**

*Please make any name/address corrections below:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION II. NECESSARY INFORMATION**

1. Social Security Number: \_\_\_\_\_
2. Current Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
3. Current Driver's License Number: \_\_\_\_\_  
 State of Issuance: \_\_\_\_\_
4. Policy Number (if known): \_\_\_\_\_
5. Date of Loss (if known): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
6. Please state in detail the reason(s) why you believe you were not paid the correct amount of GENERAL DAMAGES for your BODILY INJURY CLAIM. Attach any documents you have which you contend support your reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check one or more of the boxes set forth below indicating the insurance company under which you were an INSURED under a private passenger motor vehicle insurance policy in your State, for which you request that your BODILY INJURY GENERAL DAMAGES CLAIM be re-evaluated (if known):

| STATE       | NAME OF FARMERS INSURER<br>WRITING PRIVATE PASSENGER<br>AUTOMOBILE INSURANCE   |
|-------------|--|
| Alabama     | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company  |
| Arizona     | <input type="checkbox"/> Farmers Insurance Company of Arizona<br><input type="checkbox"/> Mid-Century Insurance Company  |
| Arkansas    | <input type="checkbox"/> Farmers Insurance Company, Inc.<br><input type="checkbox"/> Mid-Century Insurance Company   |
| California  | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company<br><input type="checkbox"/> Truck Insurance Exchange |
| Colorado    | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company  |
| Connecticut | <input type="checkbox"/> Truck Insurance Exchange  |

| STATE     | NAME OF FARMERS INSURER<br>WRITING PRIVATE PASSENGER<br>AUTOMOBILE INSURANCE  |
|-----------|---|
| Georgia   | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Civic Property and Casualty Company   |
| Illinois  | <input type="checkbox"/> Illinois Farmers Insurance Company<br><input type="checkbox"/> Mid-Century Insurance Company |
| Indiana   | <input type="checkbox"/> Illinois Farmers Insurance Company<br><input type="checkbox"/> Mid-Century Insurance Company |
| Iowa      | <input type="checkbox"/> Farmers Insurance Company, Inc.<br><input type="checkbox"/> Mid-Century Insurance Company    |
| Kansas    | <input type="checkbox"/> Farmers Insurance Company, Inc.<br><input type="checkbox"/> Mid-Century Insurance Company    |
| Kentucky  | <input type="checkbox"/> Farmers Insurance Exchange   |
| Louisiana | <input type="checkbox"/> Farmers Insurance Exchange   |

| STATE          | NAME OF FARMERS INSURER<br>WRITING PRIVATE PASSENGER<br>AUTOMOBILE INSURANCE  |
|----------------|---|
| Maine          | <input type="checkbox"/> Farmers Insurance Exchange   |
| Maryland       | <input type="checkbox"/> Farmers New Century Insurance Company  |
| Michigan       | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company           |
| Minnesota      | <input type="checkbox"/> Illinois Farmers Insurance Company<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Mississippi    | <input type="checkbox"/> Farmers Insurance Exchange   |
| Missouri       | <input type="checkbox"/> Farmers Insurance Company, Inc.<br><input type="checkbox"/> Mid-Century Insurance Company      |
| Montana        | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company           |
| Nebraska       | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company           |
| Nevada         | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company           |
| New Hampshire  | <input type="checkbox"/> Farmers Insurance Exchange   |
| New Mexico     | <input type="checkbox"/> Farmers Insurance Company of Arizona<br><input type="checkbox"/> Mid-Century Insurance Company |
| New York       | <input type="checkbox"/> Farmers New Century Insurance Company<br><input type="checkbox"/> Truck Insurance Exchange     |
| North Carolina | <input type="checkbox"/> Farmers Insurance Exchange   |
| North Dakota   | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company           |
| Ohio           | <input type="checkbox"/> Mid-Century Insurance Company<br><input type="checkbox"/> Farmers Insurance of Columbus, Inc.  |
| Oklahoma       | <input type="checkbox"/> Farmers Insurance Company, Inc.<br><input type="checkbox"/> Mid-Century Insurance Company      |

| STATE        | NAME OF FARMERS INSURER<br>WRITING PRIVATE PASSENGER<br>AUTOMOBILE INSURANCE  |
|--------------|---|
| Oregon       | <input type="checkbox"/> Farmers Insurance Company of Oregon<br><input type="checkbox"/> Mid-Century Insurance Company  |
| Pennsylvania | <input type="checkbox"/> Farmers New Century Insurance Company<br><input type="checkbox"/> Civic Property and Casualty Company  |
| South Dakota | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Tennessee    | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Texas        | <input type="checkbox"/> Farmers Texas County Mutual Insurance Company<br><input type="checkbox"/> Mid-Century Insurance Company of Texas<br><input type="checkbox"/> Texas Farmers Insurance Company   |
| Utah         | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Virginia     | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Washington   | <input type="checkbox"/> Farmers Insurance Company of Washington<br><input type="checkbox"/> Mid-Century Insurance Company  |
| Wisconsin    | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| Wyoming      | <input type="checkbox"/> Farmers Insurance Exchange<br><input type="checkbox"/> Mid-Century Insurance Company   |
| NIA          | <input type="checkbox"/> Maryland Casualty Company, Northern Insurance Company of New York, Assurance Company of America, Valiant Insurance Company, Maryland Insurance Company, National Standard Insurance Company, Maine Bonding and Casualty Company, Maryland Lloyds and Civic Property and Casualty Company |

### SECTION III. ADDITIONAL INFORMATION

1. Please answer the following questions to assist us in processing your claim:

a. If at the time you made your claim you had a different name or address, please provide such name and address:

\_\_\_\_\_

b. If you are making this claim as a personal representative on behalf of a claimant, please provide information identifying yourself as:

(1) the personal representative: \_\_\_\_\_

(2) the name of the claimant on whose behalf you are submitting this claim: \_\_\_\_\_

c. Please attach all supporting documentation you have.

I certify that the information on this claim form is true and correct. This is the only claim being made by me.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
(Notary Public)