

## CLASS ACTION SETTLEMENT CLAIM FORM

THIS FORM MUST BE SIGNED AND RETURNED BY JULY 12, 2024.  
SEE INSTRUCTIONS BELOW.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Unique ID: \_\_\_\_\_

**IMPORTANT: You have been identified as a potential Class Member. If you are a Class Member and fail to submit this Claim Form, then you will receive nothing as part of this settlement but still be bound by the settlement. If you are a Class Member and you submit this Claim Form, then you may receive a check if the settlement is finally approved by the Court. Only those insureds who fall within the definition of “Class Member” in the accompanying Class Notice will receive a check, and not all who receive the Class Notice are Class Members. There is no cost to you to submit a Claim Form.**

The records of The Cincinnati Insurance Company, The Cincinnati Casualty Company, The Cincinnati Indemnity Company, Cincinnati Global Underwriting Ltd., and Cincinnati Specialty Underwriters Insurance Company (collectively, “Cincinnati Insurance”) indicate that you might be a member of the Class in the case named *Belle Meade Owners Association, Inc. v. The Cincinnati Insurance Company*, Case No. 22-cv-00123, United States District Court for the Eastern District of Tennessee, Knoxville Division. However, information in Cincinnati Insurance records and from you may need to be reviewed to determine whether you are in fact a Class Member, and if so, how much money you may be entitled to receive if the settlement is approved by the Court.

Please read the accompanying Class Notice 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 (1) mailed and postmarked by **July 12, 2024**; OR (2) scanned or photographed and uploaded to the Settlement Website, at [www.bellemeadelabordepreciationsettlement.com](http://www.bellemeadelabordepreciationsettlement.com) before 12:00 a.m. (midnight) Eastern Daylight Time on **July 12, 2024**.

Cincinnati Insurance records reflect that the following claim may be at issue in this settlement:

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Address of Insured Premises: \_\_\_\_\_

Questions? Visit [www.bellemeadelabordepreciationsettlement.com](http://www.bellemeadelabordepreciationsettlement.com), or call toll-free at 1-888-995-0297.  
To view JND’s privacy policy, please visit <https://www.jndla.com/privacy-policy>

Unique ID: \_\_\_\_\_

***This Claim Form applies only to the Covered Loss listed above.*** If you had more than one Covered Loss during the Class Period, then you may receive separate Claim Form(s) for those losses, and you must complete and submit those separate Claim Form(s) to be eligible for payment on each of those other losses.

***Please do not call Cincinnati Insurance or your insurance agent to discuss this Settlement or this Claim Form. You may, however, continue to call Cincinnati Insurance or your agent regarding any other insurance matters.***

***If you have any questions, please visit [www.bellemeadelabordepreciationsettlement.com](http://www.bellemeadelabordepreciationsettlement.com) or call 1-888-995-0297.***

**COMPLETE THE FOLLOWING QUESTIONS IF THEY APPLY:**

1. ***Leave this answer blank if the mailing address above is correct.*** Please provide your current mailing address ONLY if the address listed above is not correct.

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2. ***Leave this answer blank if any of the named policyholders are alive and capable of completing and signing this form.*** If all of the named policyholders for the claim identified above are either dead or incapable of completing this form, and you are submitting this Claim Form as their Legally Authorized Representative, please state how and when you became the legally authorized representative and provide a copy of any documents you may have supporting the fact that you are the Legally Authorized Representative.

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3. ***Leave this answer blank if you have not assigned or been assigned an insurance claim.*** If you have signed a contract that allows another party, such as a general contractor, to recover your insurance benefits (an “assignment”), please attach a written copy of the contract and list the name and address of the person to whom the insurance claim was assigned, when, and why, unless clearly identified in the attached contract.

If you are submitting this Claim Form as the person to whom a claim was assigned, by signing this Claim Form you agree to indemnify Cincinnati Insurance for any loss if the policyholder also files a Claim Form or disputes issuance of a Claim Settlement Payment to you.

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Unique ID: \_\_\_\_\_

**SIGN AND DATE YOUR CLAIM FORM:**

I wish to make a claim associated with the class action settlement, and state that all information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**MAIL YOUR CLAIM FORM OR UPLOAD YOUR CLAIM FORM ONLINE:**

After signing, this Claim Form must be:

- (1) postmarked on or before **July 12, 2024**, and mailed to:

Belle Meade Labor Depreciation Settlement  
c/o JND Legal Administration  
P.O. Box 91490  
Seattle, WA 98111

OR

- (2) uploaded on or before 12:00 a.m. (midnight) Eastern Daylight Time on **July 12, 2024**, at the settlement website: [www.bellemeadelabordepreciationsettlement.com](http://www.bellemeadelabordepreciationsettlement.com). Please have your Unique ID at the top of this form available to enter as part of the upload process as well as an email address to receive confirmation of your upload.

Please be patient. If you qualify for a payment and the Court approves the Settlement, a check will be mailed to you. If you do not qualify, the Settlement Administrator will mail a letter to you explaining why.