

AFFIRMATION
(mandatory)

I, _____, am the _____ (Title of Entity), (the "Claimant") and I have the authority to act on behalf of Claimant. I swear under penalty of perjury under the laws of the State of Florida that: (1) Claimant has read the Notice and this Claim Form, and believes that he, she, or it is a class member who is entitled to relief pursuant to the terms of this Settlement; (2) Claimant is submitting this claim for PIP coverage benefits arising from Allstate's payment of PIP benefits with regard to an accident under Allstate's Auto Policy that provided PIP benefits subject to a deductible; (3) Claimant has the legal right to receive PIP benefits under the subject insurance claim, and that this right has not been otherwise assigned or transferred to any other person or entity; (4) Claimant did not collect a 20% copay from the insured/claimant/patient calculated based on Allstate's application of a PIP deductible, or portion thereof, to a statutorily authorized limitation amount as opposed to the full amount billed for medical services rendered to the insured/claimant/patient; (5) to the best of Claimant's knowledge, no prior resolution of the claims asserted on this form has been reached with Allstate by demand, release, dismissal, or any other agreement; (6) Claimant agrees to reasonably cooperate in verifying and quantifying any amounts due under the proposed settlement in the event Allstate is unable to administer the settlement claim based on the information available to them; and (7) upon receiving and accepting payment of the claim under the Settlement, Claimant releases all claims against Allstate based on or arising out of Allstate's previous calculation of the deductible amount under PIP coverage, in accordance with the Settlement and the Court orders approving the Settlement.

Signature

Date:

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