CLAIM FORM

Capitalized terms have the meanings assigned in the Notice of Proposed Class Action Settlement and Fairness Hearing provided with this claim form. You must fully complete, sign and timely submit this claim form as set forth in the Notice of Proposed Class Action Settlement and Fairness Hearing provided with this claim form.

Please type or print legibly.

Your Name:

Property Address where the loss occurred:

Street		
City	State	Zip

Current Address (if different from above)

Street		
City	State	Zip

Named insured(s):	
Approximate Date of loss:	Nationwide claim number (if known):

******Send this form to Settlement Administrator: Zuri and Cenci v. Nationwide, c/o Strategic Claims Service, 600 North Jackson Street, Suite 3, Media, PA 19063 , no later than February 27, 2012.******

RELIEF ELECTION (Please select *only* one type of Relief) ☒

☐	***General Relief*** – eligible for $1,500 pursuant to the requirements set forth and defined in the Notice of Proposed Class Action Settlement and Fairness Hearing.
☐	***Actual Tree Root Expense Relief*** – eligible for actual expenses up to $6,000, pursuant to the requirements set forth and defined in the Notice of Proposed Class Action Settlement and Fairness Hearing.

CLAIM DOCUMENTATION (Please provide the following with your Claim Form)

- If you are seeking ***General Relief***, in addition to signing the Written Statement (attached) in this Claim Form, you are required to submit with this claim form any documentation presently in your

possession establishing that a property loss caused by tree roots blocking and/or interacting with water lines and/or sewer lines occurred during the Class Period.

- If you are seeking ***Actual Tree Root Expense Relief***, in addition to signing the Written Statement (attached) in this Claim Form, you are required to submit with this claim form written documentation establishing that a property loss caused by tree roots blocking and/or interacting with water lines and/or sewer lines occurred during the Class Period, and submit written documentation establishing the amount of each item of expense incurred pursuant to the property loss.

- If you are seeking either ***General Relief or Actual Tree Root Expense Relief***, **but never submitted a claim to Nationwide for the loss**, you are also required to submit an additional written statement stating that (i) you made a specific inquiry, at the time of the loss, regarding submitting an insurance claim for your property loss to Nationwide or one of its agents and/or representatives; (ii) you were advised by the person to whom you made the inquiry that the insurance claim would be denied; and (iii) you did not submit a claim because you were advised that it would be denied.

WRITTEN STATEMENT:

I hereby state that the following is true and correct:

- I have reviewed the Notice of Proposed Class Action Settlement and Fairness Hearing, and reasonably believe that I am, or the person on whose behalf I am acting is, a Settlement Class Member entitled to relief under the proposed settlement.
- I or the person on whose behalf I am acting had a property loss caused by tree roots blocking and/or interacting with water lines and/or sewer lines which occurred during the Class Period.
- I or the person on whose behalf I am acting was insured under a Pennsylvania homeowners insurance policy issued by Nationwide and in effect at the time of the property loss identified above and/or in the written statement.
- I or the person on whose behalf I am acting was denied, not offered and/or never received payment under the policy for the property loss, or a portion of the loss.
- I have enclosed copies of all written documents, materials, records or other information or communications arising from the claim and/or property loss identified above or in the written statement which is in my possession or the possession of the person on whose behalf I am acting.
- No rights or claims asserted by this claim form have been previously settled, resolved, discharged or released.
- No rights or claims asserted by this claim form have been assigned or otherwise transferred.

_____ _____

Signature Date

_____

Print Name