**SCHIFF v. AMERICAN COMMERCE - CLAIM FORM**

MAIL THE COMPLETED FORM NO LATER THAN MAY 7, 2015, TO:

Claims Dept./Claim Support Services – CG04

The Commerce Insurance Company

11 Gore Rd.

Webster, MA 01570-9966

**Make Sure You Sign and Date this Claim Form**

**PRINT LEGIBLY**

Name (mandatory):

Mailing Address (mandatory):

Street:

City: State: Zip:

Telephone:

Tax Identification Number (mandatory)

AFFIRMATION
(mandatory)

I swear under penalty of perjury under the laws of the State of Washington that I have read the Notice and this Claim Form, and that I believe I am owed an amount of money by MAPFRE pursuant to the terms of this Settlement.

Dated: , 201\_
 Signature