Exhibit E

<<Mail ID>>

AJG Settlement Administrator [ADD ADDRESS and WEBSITE]

Your Claim Form Must Be Submitted Electronically or Postmarked by [ADD DATE]

CLAIM FORM

In re Arthur J. Gallagher Data Breach Litigation, Master File No. 1:22-cv-00137

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

The CLAIMS DEADLINE to submit or mail this Claim Form is Month Day, 2024.

GENERAL INSTRUCTIONS

This litigation arose out of a data security incident perpetrated against Defendants Arthur J. Gallagher & Co. ("AJG") and Gallagher Bassett Services, Inc. ("GB") (AJG and GB are collectively referred to as "Gallagher" or "Defendants"). Between June 3, 2020 and September 26, 2020, an unknown party accessed or acquired data contained within certain segments of Gallagher's network during a criminal ransomware attack (the "Data Security Incident"). Plaintiffs allege that the Data Security Incident exposed individuals' person information, including some combination of names; Social Security numbers and tax identification numbers; driver's license, passport and other government identification numbers; dates of birth; usernames and passwords; employee identification numbers; financial account and credit card information; and/or electronic signatures, as well as medical treatment, claim, diagnosis, medication or other medical information; health insurance information; medical records or account numbers; and/or biometric information. Defendants deny all claims of wrongdoing or liability that Plaintiffs, Settlement Class Members, or anyone else have asserted in this Litigation or may assert in the future based on the conduct alleged in the complaint.

You are a Settlement Class Member if you are among the approximately 3,492,654 individuals who were mailed a letter from AJG or GB stating that their information may have been impacted as a result of the Data Security Incident. All Settlement Class Members are eligible to claim: (i) three (3) years of Financial Account Monitoring services, (ii) reimbursement for documented Monetary Losses up to \$6,000, and (iii) an Alternative Pro Rata Cash Payment as an alternative to claiming Financial Account Monitoring.

In addition, Settlement Class Members who were residents of California at any time from June 3, 2020, to the end of the claims period ("California Settlement Class Members") can submit a claim for payment of up to \$100 for their statutory claims under the California Consumer Privacy Act ("California Statutory Payment"). The California Statutory Payment is an additional settlement benefit made available only to California Settlement Class Members, and is in addition to reimbursement of claims for documented Monetary Losses and a Settlement Class Member's selection of either Financial Account Monitoring or the Alternative Pro Rata Cash Payment.

The amount of the Alternative Pro Rata Cash Payment available to all Settlement Class Members shall be determined pro rata based on the amount remaining in the Settlement Fund following payment of the Fee Award and Expenses, Service Awards, Administration and Notice Costs, CAFA Notice costs, the costs of Financial Account Monitoring, claims for reimbursement of documented Monetary Losses, and California Statutory Payments.

To receive Settlement benefits, you must complete and submit a claim online or by mail if you are a Settlement Class Member.

You must submit your claim online by the Claims Deadline of **Month Day, 2024**, or complete and mail this Claim Form, postmarked by **Month Day, 2024**.

Completed Claim Forms can be mailed to the following address:

AJG Settlement Administrator
P.O. Box XXXX
CITY, STATE XXXXX-XXXX

or submit your Claim online at ajgdatasettlement.com

This Claim Form should be used only if a Claim is being mailed and is not being filed online.

PLEASE BE ADVISED that any documentation you provide in support of your documented Monetary Losses claim must be submitted **WITH** this Claim Form. No documentation is required for claiming an Alternative Pro Rata Cash Payment or the Financial Account Monitoring services.

CLAIM VERIFICATION: All Claims are subject to verification. You will be notified if additional information is needed to verify your Claim.

ASSISTANCE: If you have questions about this Claim Form, please visit the Settlement Website at www.ajgdatasettlement.com for additional information or call [INSERT PHONE NUMBER].

PLEASE KEEP A COPY OF YOUR CLAIM FORM AND PROOF OF MAILING FOR YOUR RECORDS.

Failure to submit required documentation, or to complete all parts of the Claim Form, may result in denial of the Claim, delay its processing, or otherwise adversely affect the Claim.

For further information, including a copy of the Settlement Agreement, visit the Settlement Website at ajgdatasettlement.com.

REGISTRATION

First Name: | MI: Last Name: | Mailing Address: | Mailing Address: | State: ZIP Code: | State: Discrete Code: | Mailing Address: | MI: Last Name: | MI: Last N

Instructions. Please follow the instructions below and answer the questions as instructed.

CLAIM INFORMATION Section A. - Confirm Your Eligibility Did you receive a unique Claim Number indicating that you may be a member of the Settlement Class? $\prod \text{Yes} \prod \text{No}$ If yes, continue to the next question. If no, you are not a member of the Settlement Class and do not qualify to file Section B. - Financial Account Monitoring Yes, I would like to claim up to three (3) years of Financial Account Monitoring. Settlement Class Members may submit a claim for identity theft protection and credit monitoring services consisting of: three (3) years of Cyex Identity Defense Total with three-bureau monitoring and at least \$1,000,000 of fraud/identity theft insurance. You do NOT need to submit documentation to make a claim for Financial Account Monitoring. If you choose Financial Account Monitoring, you may not select the Alternative Pro Rata Cash Payment. Section C. - Compensation for Unreimbursed Documented Monetary Losses If you suffered costs or expenditures in response to the Data Security Incident, you may be eligible to receive a payment to compensate you for losses. If it is verified that you meet all the criteria described in the Settlement Agreement and you submit the dollar amount of those losses, you will be eligible to receive a payment compensating you for your losses of up to six thousand dollars (\$6,000).Examples of what can be used to prove your losses include: receipts, account statements, etc. You may also prove losses by submitting information on the claim form that describes the expenses and how they were incurred. Providing adequate proof of your losses does not guarantee that you will be entitled to receive the full amount claimed. All claims will also be subject to an aggregate maximum payment amount, as explained in the Settlement Agreement. If the amount of losses claimed exceeds the maximum amount of money available under the Settlement Agreement, then the payment for your claim will be reduced on a pro rata basis. If you would like to learn more, please review the Settlement Agreement for further details. Did you suffer any financial expenses or other financial losses that you believe was as a result of the Data Security Incident? For example, did you sign up and pay for a credit monitoring service, hire and pay for a professional service to remedy identity theft, etc., as a direct result of or attributed to the Data Security Incident? ☐ Yes ☐ No

If yes, you may be eligible to fill out the rest of this form and provide corroborating documentation.

Case: 1:22-cv-00137 Document #: 112-1 Filed: 09/12/24 Page 55 of 100 PageID #:2487

For each loss that you believe can be traced to the Data Security Incident, please provide a description of the loss, the date of the loss, the dollar amount of the loss, and the type of documentation you will be submitting to support the loss. You must provide this information for this Claim to be processed. Supporting documentation must be submitted alongside this Claim Form. If you fail to provide sufficient supporting documents, the Settlement Administrator will deny your Claim. Please provide only copies of your supporting documents and keep all originals for your personal files. The Settlement Administrator will have no obligation to return any supporting documentation to you. A copy of the Settlement Administrator's privacy policy is available at ajgdatasettlement.com. Please do not directly communicate with Defendants regarding this matter. All inquiries are to be sent to the Settlement Administrator.

Examples of unreimbursed documented Monetary Losses may include, without limitation, unreimbursed losses relating to fraud or identity theft; professional fees including attorneys' fees, accountants' fees, and fees for credit repair services; costs associated with freezing or unfreezing credit with any credit reporting agency; credit monitoring costs that were incurred on or after the Data Security Incident through the date of claim submission; and miscellaneous expenses such as notary, fax, postage, copying, mileage, and long-distance telephone charges.

Examples of documentation include receipts for identity theft protection services, etc.

Description of the Loss	Date of Loss	Amount	Type of Supporting Documentation
Example: Unauthorized credit card charge that was not refunded	0 7 - 1 7 - 2 0 MM DD YY	\$50.00	Letter from Bank
Example: Fees paid to a professional to remedy a falsified tax return	0 2 - 3 0 - 2 1 MM DD YY	\$25.00	Copy of the professional services bill
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM DD YY	\$	
	MM - DD - YY	\$	
	MM DD - YY	\$	
	MM DD - YY	\$ · · ·	
	MM - DD - YY	\$	
	MM DD YY	\$	
	MM - DD - YY	\$	

By checking the below box, I hereby declare under penalty of perjury that the information provided in this Claim Form to support relief for unreimbursed Monetary Losses is true and correct.

Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking relief
for unreimbursed documented Monetary Losses under penalty of perjury. I further understand that my

failure to check this box may render my Claim for Monetary Losses null and void.

Section D Alte	rnative Pro	Rata Cash	Payment
----------------	-------------	-----------	---------

Cash Payment: Would you like to receive an Alternative Pro Rata Cash Payment under the Settlement	? L	∐Yes
---	-----	-------------

You do NOT need to submit documentation to make a claim for an Alternative Pro Rata Cash Payment. If you choose an Alternative Pro Rata Cash Payment, you may not select the Financial Account Monitoring.

Section E. - California Statutory Payment

Settlement Class Members who were residents of California at any time from June 3, 2020, to the end of the claims period ("California Settlement Class Members") can submit a claim for payment of up to \$100.00 for their statutory claims under the California Consumer Privacy Act ("California Statutory Payment"). The California Statutory Payment is an additional settlement benefit made available to California Settlement Class Members that is in addition to reimbursement of claims for documented Monetary Losses and a Settlement Class Member's selection of either Financial Account Monitoring or the Alternative Pro Rata Cash Payment. California Statutory Payments are subject to a *pro rata* decrease based on the amount remaining in the Settlement Fund following payment of the Fee Award and Expenses, Service Awards, Administration and Notice Costs, CAFA Notice costs, claims for reimbursement of documented Monetary Losses and costs of Financial Account Monitoring.

California Statutory Payment: Are you eligible for and would you like to receive a \$100 California Statutory Payment under the Settlement? If so, please check the box below with the following attestation:

\Box Yes, I understand that I am submitting this Claim Form and the affirmations it makes as to my seeking	
for a California Statutory Payment under penalty of perjury. I further understand that my failure to check	
this box may render my claim for a California Statutory Payment null and void.	

Section F. - Payment

Please select the manner in which payment will be issued for your valid Claims.

• PayPal*:	(PayPal Email Address)
• Venmo*:	(Venmo Email Address)
• Zelle*:	(Zelle Email Address)
 Paper Check via Mail: 	(Mailing Address)

Section G. - Settlement Class Member Affirmation

I declare under penalty of perjury that the information supplied in this claim form is true and correct. I authorize the Settlement Administrator to contact me, using the contact information set forth above, to obtain any necessary supplemental information.

^{**} The value of each cash payment under this option will be determined on a pro rata basis based on the balance of the Settlement Fund after the payment of other benefits, attorneys' and Settlement Administrator fees and expenses. The balance of the Settlement Fund will be divided proportionally among those Settlement Class Members who submit valid claims selecting the Alternative Pro Rata Cash Payment. Settlement Class Members may receive both reimbursement for documented Monetary Losses and an Alternative Pro Rata Cash Payment.

^{*}If you select payment via PayPal, Venmo or Zelle, the email address entered on this form will be used to process the payment to your account linked to that email address.

Case: 1:22-cv-00137 Document #: 112-1 Filed: 09/12/24 Page 57 of 100 PageID #:2489

By submitting this Claim Form, I certify that any documentation that I have submitted in support of my Claim consists of

unaltered documents in my possession.	
☐ Yes, I understand that my failure to check this box m	nay render my Claim null and void.
Please include your name in both the Signature and Printed	Name fields below.
Signature:	
Print Name:	
Date:	
IN ORDER TO BE VALID, THIS CLAIM FO	RM MUST BE MAILED BY OR RECEIVED

ONLINE AT AJGDATASETTLEMENT.COM NO LATER THAN [CLAIMS DEADLINE].

6