

Exhibit E

Martinez v. Progressive Claim Form

TO SUBMIT A VALID CLAIM THIS CLAIM FORM MUST BE POSTMARKED BY XXXXXXXXXXXX AND RETURNED TO:

**Martinez v. Progressive
 c/o Kroll Settlement Administration
 P.O. Box XXXXX
 New York, NY XXXXX-XXXX**

IF YOU WOULD LIKE TO RECEIVE YOUR PAYMENT VIA ZELLE, PAYPAL, VIRTUAL MASTERCARD OR VENMO, PLEASE SUBMIT YOUR CLAIM ONLINE AT WWW.XXXXXXXXXXXXXXXXXX.COM

All information listed below is required. We will use this information to contact you and process your claim. It will not be used for any other purpose. If any of the following information changes, you must promptly notify the Settlement Administrator using the contact section of the Settlement Website or by writing to the address above.

1. NAME:	First	Middle Initial	Last
2. MAILING ADDRESS:	Street Address:		
	Street Address 2:		
	City:		
	State:		
	Zip:		
3. PHONE NUMBER:			
4. EMAIL ADDRESS:			
5. SETTLEMENT OPTION	<p>Check the box below for one of the settlement benefit options. If you are unsure which type of claim you would like to make, please check both boxes and the Settlement Administrator will review your options and you will be entitled to the benefit that entitles you to the most Settlement benefits.</p> <p><input type="checkbox"/> Option 1 – Check this box if you believe you made or could have made an Underinsured Motorist (“UIM”) claim to Progressive between January 1, 2004 and March 22, 2022 for an automobile accident that may have been subject to an offset in coverage due to the insurance coverage limits of a third party responsible for your injuries or property damage.</p> <p><input type="checkbox"/> Option 2 – Check this box if you are not eligible for payments under Option 1 and you would like a refund of 18% of all premium paid to Progressive for Uninsured Motorist (“UM”)/UIM benefits you paid between January 1, 2004 and March 22, 2022.</p>		

6. Class Member ID* (on the notice mailed to you)	(Example: XXXXXXXXXXXXX) *Contact the Settlement Administrator at XXXXXXXXX if you cannot find or do not have a Class Member ID.
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Signature

I affirm under the laws of the United States that the information supplied in this claim form is true and correct to the best of my knowledge and that any documents that I have submitted in support of my claim are true and correct copies of original documentation. I understand that I may be asked to provide more information by Progressive before my claim is complete.

Signature:	Dated:
Print Name:	