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The **DEADLINE**  
to submit or mail this  
Claim Form is:  
**November 24, 2025**

**Teresa Frechou v. Progressive Direct Insurance  
Company, Case No. 24-000584CA**

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**CLAIM FORM**

Return this Claim Form online or to: *Frechou v. Progressive Direct Insurance Company*, c/o Kroll Settlement Administration, P.O. Box 225391, New York, NY 10150-5391. Questions? Visit [www.electroniccommssettlement.com](http://www.electroniccommssettlement.com) or call (833) 621-8303.

To receive a settlement benefit from this settlement via an electronic payment, you must submit the Claim Form below electronically at [www.electroniccommssettlement.com](http://www.electroniccommssettlement.com) by November 24, 2025.

**DEADLINE: THIS CLAIM FORM MUST BE SUBMITTED ONLINE BY NOVEMBER 24, 2025, OR POSTMARKED BY NOVEMBER 24, 2025, AND BE FULLY COMPLETED, SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.**

**YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A CLAIM SETTLEMENT PAYMENT.**

Please note that if you are a Class Member, the Class Member verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be reviewed and verified by the Administrator.

**YOUR CONTACT INFORMATION**

Name: \_\_\_\_\_  
(First) (MI) (Last)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

Current Email Address: \_\_\_\_\_@\_\_\_\_\_

Current Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

(A phone number and current email address where you can be reached if further information is needed are required. Approved Claim Settlement Payment will be made via your Current Email Address. You must provide a valid email address to receive a Claim Settlement Payment.)

Class Member ID: \_\_\_\_\_

**Class Member Affirmation**

☐ I affirm that I received at least one billing-related email (e.g., billing installment, billing reminder, billing lapse), cancel-related email (e.g., cancel warning, cancel collection notice, cancel collection reminder), or similar email relating to a Florida insurance policy covering property used primarily for personal, family, or household purposes from Progressive<sup>1</sup> between 9:00 p.m. and 8:00 a.m. local time to my residential address in Florida between July 2, 2022, and May 16, 2025.

By submitting this Claim Form, I declare under penalty of perjury that the information included in this Claim Form is accurate and complete to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

<sup>1</sup> "Progressive" means Progressive Direct Insurance Company, its parent, subsidiary, and any affiliate companies.

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