

CLAIM FORM

Erik Knight, et al. v. Progressive Northwestern Insurance Company, et al.

To submit a claim, please: (1) provide your full name; (2) confirm you are a Progressive policy holder or otherwise entitled to payment; (3) provide your address; (4) sign and date the form; and (5) submit the completed form online no later than October 25, 2025, *or* mail this completed form postmarked on *or* before October 25, 2025, to the following address:

Knight v. Progressive
Northwestern Ins. Co.
c/o Epiq
P.O. Box 2168
Portland, OR 97208-2168

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>

Progressive Policy Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR

Progressive Total Loss Claim Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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AFFIRMATION (required): By signing below, I certify under oath that I am the person who made the insurance claim identified above or I am the legally authorized personal representative, guardian or trustee of the person who made the insurance claim identified above and that the information on this Claim Form is true and correct. If this affirmation is not signed your claim will be denied.

Signature:	<input type="text"/>	Dated:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MM		DD		YYYY			

Name (please print):

To be considered, Claim Forms must be submitted online no later than October 25, 2025, or mailed to the above address postmarked no later than October 25, 2025.