

Burklund v. Farm Bureau
Claims Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132



FMU

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*SHELLY BURKLUND V. FARM BUREAU PROPERTY
& CASUALTY INSURANCE COMPANY*

DISTRICT COURT OF LANCASTER COUNTY, NEBRASKA

Case No. CI 23-2544

**Must Be Postmarked
No Later Than
April 30, 2025**

Claim Form

Burklund v. Farm Bureau Property & Casualty

To submit a claim, please: (1) provide your full name; (2) provide *either* your Farm Bureau policy number *or* your Farm Bureau claim number for your total-loss claim; (3) provide your address; (4) sign and date this form; and (5) submit the completed form online no later than April 30, 2025 *or* mail the completed form postmarked on or before April 30, 2025 to the following address:

Burklund v. Farm Bureau
Claims Administrator
P.O. Box 301132
Los Angeles, CA 90030-1132

First Name			M.I.	Last Name		
Primary Address						
Primary Address Continued						
City			State	ZIP Code		
Farm Bureau Policy Number:						
Farm Bureau Total-Loss Claim Number:						

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: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

TO BE CONSIDERED, THIS CLAIM FORM MUST BE SUBMITTED ONLINE NO LATER THAN APRIL 30, 2025 OR MAILED TO THE ABOVE ADDRESS POSTMARKED NO LATER THAN APRIL 30, 2025.

FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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