

CNA INSURANCE OVERTIME CASES
CLAIM FORM

INSTRUCTIONS: To receive a monetary payment as part of this settlement, **you must complete and sign this Claim Form and then mail it by first class U.S. mail, postage paid, postmarked on or before July 5, 2006, and addressed as follows:**

CNA INSURANCE OVERTIME CASES
c/o Gilardi & Co. LLC, Claims Administrator
P.O. Box 1110
Corte Madera, CA 94976-1110

If your pre-printed address is incorrect, please provide your correct address, below.

«BARCODE» CNAI1-«CLAIM7»-«CKDIG»

<First Last>

<Address>

<City>, <ST> <Zip>

Name/Address Change:

Phone Number (Work): (____) _____
Phone Number (Cell): (____) _____

Phone Number (Home): (____) _____
Social Security Number: _____ - _____ - _____

CNA's records indicate that you were employed as a Class Member in California during one or more of the years in the Class Period, as indicated in the chart immediately below.

Calendar Year	Months in Class
1996	«Mnths96»
1997	«Mnths97»
1998	«Mnths98»
1999	«Mnths99»
2000	«Mnths00»
2001	«Mnths01»
2002	«Mnths02»
2003	«Mnths03»
2004	«Mnths04»
2005	«Mnths05»
2006	«Mnths06»

If you believe that any of this information is incorrect, you must provide a written explanation of your basis for disputing CNA's records. You must provide your written explanation, along with copies of any relevant documents supporting your explanation, in the same envelope in which you return your signed, completed Claim Form. CNA will respond in writing to your written explanation. You will thereafter have the opportunity to reply to CNA's response. If a dispute remains after your reply, the Honorable Edward Infante (Retired), the Referee appointed for this settlement, will rule upon the dispute. His decision will be final, binding, and non-appealable.

THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH AN ORIGINAL SIGNATURE IN ORDER FOR YOU TO RECEIVE A SETTLEMENT PAYMENT. IF YOU DISPUTE ANY OF THE INFORMATION CONTAINED ON THIS CLAIM FORM, UNLESS YOU RETURN WITH YOUR CLAIM FORM YOUR WRITTEN EXPLANATION OF YOUR BASIS FOR DISPUTING CNA'S INFORMATION, YOU ARE GIVING UP YOUR RIGHT TO DISPUTE OR CHALLENGE THE INFORMATION CONTAINED IN THIS CLAIM FORM.

To submit a valid Claim Form, you must declare under penalty of perjury (in the Declaration section below) that you worked overtime while employed as a Class Member in California. By submitting a Claim Form, you agree to participate in this settlement of claims under both California law and federal law including, without limitation, the federal Fair Labor Standards Act and to release and waive claims that you may have under those laws.

Please be aware that taxes will be withheld from the portion of any settlement award attributed to wages and that a 1099 form will be issued for the portion attributed to interest and/or penalties.

If your wages are subject to supplemental tax withholding as a result of a lien or outstanding debt or if you are currently a party in a bankruptcy proceeding, please indicate so by checking this box: []

DECLARATION

By signing this Claim Form, I declare under penalty of perjury that I was employed in California by one or more of Continental Casualty Company, Galway Insurance Company, and RSKCo Services, Inc. at some point during the period from December 28, 1996, through and including March 28, 2006, and that, while so employed, I worked overtime.¹

Further, by signing and submitting this Claim Form, I agree to participate in this settlement and agree and acknowledge that the settlement represents a full and final settlement of all claims released by the settlement, including, without limitation, claims under California wage and hour laws and the federal Fair Labor Standards Act. By doing so, subject to the terms of the Class Action Settlement Agreement, I am forever releasing and discharging all of the Released Parties² from all claims, demands, rights, liabilities, and causes of action of every nature and description whatsoever, whether known or unknown that were or could have been asserted in the *CNA Insurance Overtime Cases* (including, without limitation, claims under state and federal wage and hour laws, including, without limitation, California Labor Code section 510 and the Fair Labor Standards Act, 29 U.S.C. section 201, et seq.), arising out of the alleged misclassification of Class Members as exempt employees. Such causes of action include, without limitation, any and all claims for alleged failure to pay overtime, for alleged failure to provide paid rest breaks and/or unpaid meal periods, for alleged failure to maintain and furnish records of hours worked, for alleged unlawful conversion of wages, for alleged failure to timely pay wages, for alleged failure to pay compensation at the time of termination, for alleged minimum wage and pay stub violations and related violations of Wage Orders, for waiting time penalties, and, as related to the foregoing, for alleged unlawful, unfair and/or fraudulent business practices under California Business and Professions Code section 17200, et seq.

X _____
(Sign Your Name Here)

Date

¹ Overtime is defined as time worked over 8 hours in one work day or over 40 hours in one work week, for the period from November 27, 1996, through 1997, and from January 1, 2000, through the present. For the period of 1998 and 1999, overtime is defined as time worked over 40 hours in one work week.

² The Released Parties are Continental Casualty Company, Galway Insurance Company, and RSKCo Services, Inc., and each of their respective past, present and future owners, stockholders, parent corporations, affiliates, subsidiaries, officers, directors, shareholders, employees, agents, principals, heirs, representatives, accountants, attorneys, auditors, consultants, insurers and re-insurers, and their respective successors and predecessors in interest, and each of their company-sponsored employee benefit plans of any nature (including, without limitation, profit-sharing plans, pension plans, 401(k) plans, and severance plans) and all of their respective officers, directors, employees, administrators, fiduciaries, trustees and agents.