

**DOTSON vs. ROYAL & SUNALLIANCE
CLAIM FORM**

INSTRUCTIONS: To share in the monetary recovery resulting from this settlement, please complete, sign and mail this form by first class U.S. mail, postage paid, **postmarked on or before October 3, 2005**, and addressed as follows:

Dotson vs. Royal & SunAlliance
c/o Gilardi & Co. LLC, Claims Administrator
P. O. Box 8060, San Rafael, CA 94912-8060

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

DTRS1-CLAIM# //////////////////////////////////

First] [Middle] [Last]
[Address]
[City], [State] [Zip]

Name/Address Change:

Phone Number (Work): (____) _____

Phone Number (Home): (____) _____

Phone Number (Cell): (____) _____

Social Security Number: ____ - ____ - ____

The defendants' records indicate that you were employed as a Class Member in California from _____ to _____ and again from _____ to _____. If you believe that this information is incorrect, please provide the dates you believe you were employed, and include any documentation that you may have to support the same.

Please be aware that the defendants will withhold taxes from the portion of any settlement award attributed to wages, and 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, please indicate so by checking this box: [____]

DECLARATION

By signing this Claim Form, I am declaring under penalty of perjury that at some time while working as a Class Member during the class period (as defined in the Class Notice), I worked overtime. Further, by signing and submitting this Claim Form I agree to participate in this settlement. By doing so, I agree that the settlement represents a full and final settlement of any and all claims I may have or could have against the defendants identified in the Class Notice for overtime compensation, and any other related claims as described in the Settlement and Class Notice. I have reviewed the Class Notice and this Claim Form.

X _____
(Sign Your Name Here)

Date