Class Action Opt-Out Form

Maxim Kharevich v. Star Casualty Insurance Company
Case No. 2023-013380-CA-01 (11th Jud. Cir., Miami-Dade County, FL)

This form excludes you from the class action.

This is not a claim form. **If you complete this form, you will be choosing not to participate in the class action.** However, you will keep your right to pursue your own litigation with your own lawyer at your expense.

To opt out of this class action complete the form below and submit it to the notice administrator via U.S. mail. You do not need to hire your own lawyer to request exclusion. **This form must be signed by you to be valid**.

This form must be postmarked or received **no later than September 14, 2026**.

To opt out, fill out this form and mail to the address provided below.

I have received notice of the class action, *Maxim Kharevich v. Star Casualty Insurance Company.* I wish to be excluded from the Class.

Typed or Printed Full Name_____

Street Address_____

City, State, Zip Code_____

Date _____ Signature _____

Enter your name or address at the time of your total loss claim (if different from above)
Typed or Printed Full Name_____
Street Address_____
City, State, Zip Code_____

Notice ID _____
(from the mailing address section of the Notice that was mailed to you)

To opt out: complete the form and mail to the notice administrator listed to the right.

Kharevich v. Star Casualty
c/o Settlement Administrator
PO Box 23489
Jacksonville, FL 32241