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November 22, 2020

JEFFREY R ROGERS
1020 ASHLAND AVE
SAINT PAUL MN 55104-7001
Delivered by email to: jr.is@mac.com

RE: Claim Number: 5009257663-1-2
Insured: Jeffrey R Rogers
Policy Number: 0195643249
Loss Date: 07/30/2020
Claimant: Cheryl Dauphin
Subject: Important Claim Information

Dear Mr. Rogers:

This letter is in reference to the above-mentioned loss. I have offered the plaintiff attorney your policy limit of \$100,000.00 in exchange for a full and final release. She has requested an Affidavit of No Additional Insurance be completed by you prior to accepting the offer. Accordingly, I am attaching the affidavit for your attention. Please return the affidavit to me should you decide to complete it, and I will forward to the plaintiff attorney.

If you have any questions or concerns, call me at (952) 923-0327. My scheduled office hours are Monday through Friday from 8:00 a.m. to 4:00 p.m. Central Time.

Thank you.

Farmers Insurance Exchange

A handwritten signature in cursive script that reads "Julie O. Mettler".

Julie Mettler
Senior General Claims Adjuster
julie.mettler@farmersinsurance.com
(952) 923-0327

COVID-19 Notice – In light of the national health emergency, I am currently working from home. I can be reached by telephone and e-mail; my phone number and email address have not changed. E-mail communications are preferred to avoid any potential delays caused by mailing. If you are unable to email and hard copies of communications are required, they may be sent to our National Document Center at P.O. Box 268994, Oklahoma City, OK 73126-8994. We are unable to receive deliveries at any location from FedEx, UPS or any other courier at this time, as our claims office locations have been temporarily closed.

Enclosure(s):
General Supporting Documents -

AFFIDAVIT OF NO ADDITIONAL SOURCES OF INSURANCE

State of MINNESOTA
County of RAMSEY

I, Jeffrey R. Rogers, being duly sworn according to law, on his oath says:

1. I currently reside at 1020 Ashland Avenue, Saint Paul, MN 55104, and have done so since 2001.
2. My home phone number is 651-675-9787.
3. My date of birth is OCTOBER 2ND, 1959.
4. My social security number is 468-78-0506.
5. On July 30, 2020 as the owner and operator of a 2014 Chrysler Town and County ("car"), I was driving my car and was involved in a Motor Vehicle Accident (MVA).
6. At the time of the MVA, I was not acting in the course and scope of my employment.
7. At the time of the MVA, my car was covered under one motor vehicle insurance policy (Farmer's Insurance #0195643249) which provided \$100,000 in "single limit" coverage.
8. I have performed a diligent search for additional insurance coverage and I have concluded that I do not have, and did not, have any other insurance policy that would provide insurance coverage for any claimant involved in my July 30, 2020 MVA.
9. I am not covered by any other applicable insurance policy in the name of my spouse, my employer or any other "resident relative" that would provide insurance coverage for any claimant involved in my July 30, 2020 MVA.
10. I did not have an umbrella insurance policy that would provide insurance coverage for my automobile or any claimant involved in my July 30, 2020 MVA in effect.
11. My homeowner's insurance policy did not and does not provide insurance coverage that would cover my automobile or that would provide insurance coverage for any claimant involved in my MVA.
12. Excluding my homestead, my net worth does not exceed \$250,000.00.
13. I have read this affidavit and it fully and accurately represents my insurance coverage for my July 30, 2020 MVA and my net worth as of the date of this affidavit.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement made by me are willfully false, I am subject to punishment.

Jeff Rogers
Signature

Sworn to and subscribed before me this
_____ day of _____, 20__.

JEFFREY ROGERS
Print Name

Claim No.: 5009257663-1-2