CLAIM FORM

If you wish to receive a settlement payment as part of the class action settlement in *Chanel Pierre et al. v. Covenant Transport, Inc.,* King County Superior Court Case No. 24-2-13005-5 SEA, you must a valid and timely Claim Form by mail or online through the settlement website maintained by the Settlement Administrator. Please type or print clearly in blue or black ink.

This Claim Form must be submitted via email or mail and postmarked no later than **November 9, 2026** to:

Pierre v. Covenant Transport, Inc.
c/o CPT Group, Inc.
PO Box 19504
Irvine, CA 92623
Toll-Free Number: 1-888-716-0932
Email Address: CovenantTransportsettlement@cptgroup.com

You may also submit your claim online by visiting www.CovenantTransportsettlement.com and using your Unique ID: <<ID>> and PIN: <<Passcode>>

The Notice you received with this Claim Form describes your legal rights and options. Additional information is available on the website referenced above. You may also contact the Settlement Administrator by email, or by calling toll free 1-888-716-0932. If your address or contact information changes, you must update the Settlement Administrator as soon as possible to ensure you receive your payment.

1. **Estimated Settlement Payment**

   Your estimated settlement payment is $920.91. This amount is characterized by non-wages (Form 1099-MISC).

2. **Settlement Class Member Information**

   I declare under penalty of perjury under the laws of the State of Washington that the information supplied in this Claim Form is true and correct to the best of my knowledge, and that this Claim Form was executed on the date set forth below.

   I understand that I may be asked to provide supplemental information by the Settlement Administrator before my claim will be considered complete and valid.

   I qualify as a Settlement Class Member as defined in the Notice and am eligible to assert a claim for damages under RCW 49.58.110. I authorize the settlement payment to be addressed and mailed as stated below.

   _____
   Full Name

   _____ _____
   Signature Date Signed

   _____
   Address City State Zip

   _____ _____
   Phone Number Email Address

   _____
   Social Security Number (for tax reporting purposes)

CLAIM FORMS POSTMARKED OR SUBMITTED ONLINE AFTER NOVEMBER 9, 2026 WILL NOT BE VALID AND WILL NOT RESULT IN PAYMENT OF ANY FUNDS TO YOU.