

**FARMERS
PLAINTIFF CONSENT FORM**

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, et seq. against my current/former employer(s), Farmers Insurance Exchange, Farmers Group, Inc.; Farmers Insurance Company, Inc.; and/or Farmers Specialty Insurance Company, Inc., (“Farmers”), to recover unpaid overtime wages.
2. During the past three years, there were occasions when I worked over 40 hours per week for Farmers as a special investigator, senior special investigator, and general special investigator, was paid on a salary basis, and did not receive overtime compensation for my hours worked over 40 per week.
3. I understand that I may withdraw my consent to proceed with my claims at any time by notifying the attorneys handling the matter.

Date: _____
Signature

Print Name

Information Below Will Be Redacted in Filings with the Court. Please Print or Type.

Address: _____

City, State Zip: _____

Best Phone Number(s): _____

Email: _____

**Return this form by
fax, email or mail to:**

**Nichols Kaster, PLLP, Attn: Daniel S. Brome
Fax: (612) 215-6870
Email: forms@nka.com
Address: 4600 IDS Center, 80 S. 8th Street, Minneapolis, MN 55402
Web: www.nka.com**