

PABCO Class Action Settlement

Independent Administrator

P.O. Box 91124

Seattle, WA 98111-9224

Toll Free: 1 (800) 385-0133

www.HO25settlement.com

Email: HO25settlement@gardencitygroup.com

PAB-M

*** P- PAB- NSF- POC/ 1***

Last Name

Claim Number

MULTI-UNIT OR COMMERCIAL PROPERTY CLAIM FORM

**USE THIS FORM ONLY WHEN MAKING A CLAIM FOR CURRENT DAMAGE ON MULTIPLE STRUCTURES ON ONE PROPERTY, ANY MULTI-UNIT STRUCTURE, OR ANY COMMERCIAL PROPERTY
(apartments, duplexes, condominiums or any commercial property)
PHOTOCOPY SECTION 7b AS NEEDED TO DOCUMENT EACH STRUCTURE**

YOU MUST ATTACH THE FOLLOWING INFORMATION WITH THIS CLAIM FORM:

Proof of PABCO Roof Shingles

Claimant Information Sheet

Documentation of when the original PABCO Roof Shingles were installed

Proof of Property Ownership

1-GENERAL INSTRUCTIONS

- Type or legibly print all information in blue or black ink, please do not use highlighter.
- Answer all questions on the Claim Form.
- Sign and date the Claim Form. Your signature is certification that all information on this Claim Form is true and correct under penalty of perjury and that you authorize the PABCO to inspect your Structure.
- Make a copy of the completed Claim Form and mail the original Claim Form with color photographs and 8 1/2" x 11" photocopies of attachments to the Independent Administrator.

**Photographs may be submitted via mail with this Claim Form or via email at HO25settlement@gardencitygroup.com. Please be certain to include your claim number (as printed on the top right of this page) in the subject line of any email submitted to the Independent Administrator.*

WARNING: You may be deemed ineligible to participate in the Settlement or to receive any compensation if you repair or replace your PABCO Roof Shingles before your claim is completely resolved.

Are you a member of a homeowner's association? Yes No

If yes, does the homeowner's association own the exterior and roof of this property? Yes No

If this is a property where the exterior walls and roof are held in common, such as a condominium or duplex, the claim must be made by the managing association by a person with authority to bind the entity that owns the property (such as the president of the Board of Directors of the homeowner's association). If you are an individual owner, please ask your homeowner's association to file a claim on your behalf.

For a Single-Family Residence property claim, do not submit this Claim Form, you must instead submit the Single-Family Residence Claim Form.

If any of the following four situations apply, please so indicate and attach required documentation.

(Please do not send original documents – send photocopies only on 8 1/2" x 11" white paper.)

- Is your Structure currently listed for sale?
(If yes, enclose copy of real estate listing agreement or "For Sale by Owner" newspaper advertisement.) Yes No
- Is your Structure currently under contract for sale?
(If yes, enclose copy of sales contract.) Yes No
- Are you currently experiencing water intrusion into your Structure, which you believe is caused by your Roof Shingles?
(If your roof is leaking, attach evidence regarding the leak, along with photograph(s) depicting the location and nature of the leak.) Yes No
- If you are currently experiencing water intrusion into your Structure, which you believe is caused by your Roof Shingles, have you hired a contractor to repair? (If yes, attach a copy of a proposal or bid for repair.) Yes No

(DO NOT make repairs until your claim has been fully and finally resolved. If you make such repairs, you will be deemed ineligible to participate in the Settlement or to receive any such compensation.)

Last Name

Claim Number

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2-VERIFICATION OF OWNERSHIP

Ownership Status of Claimant:

- I am the current owner of the property.
- I am the principal officer or authorized agent of a homeowner's association which owns the right to exterior maintenance and replacement (supply authorizing documentation).
- I am the principal officer or authorized agent of a legal entity (such as corporation, partnership, etc.) which owns the property (supply authorizing documentation).

You must provide **TWO** different types of proof showing that you are the current owner of each Structure. One of these must be either:

- The property deed **OR**
- Current property tax record with address showing you as the owner.

You must also provide a current copy of one of the following (in addition to one of the documents above):

- Current mortgage statement **OR**
- Current property insurance bill **OR**
- Current utility bill showing address.

Homeowner's Associations must submit a copy of their corporate by-laws or CC & R's instead of a deed.

Note: If you are not the current owner of the property, you must have a valid Assignment of Claim in order to participate in the Class Action Settlement.

3-PROOF OF PRODUCT

Proof of PABCO Roof Shingles: To begin processing your claim, the Independent Administrator must receive evidence that the roof shingles currently on your roof are PABCO HO-25 or HZ-25 Roof Shingles and not a product made by another company. NOTE: You must attach proof of PABCO Roof Shingles for each Structure you are claiming. Therefore, you must check and enclose at least one of the following forms of proof:

- Shingle Sample**-A shingle sample certified by the Claimant to be from the Structure and of sufficient size and condition to allow identification of the product as PABCO Roof Shingles, such as a minimum of one full shingle sample, with color photographs* indicating the location from which the sample was removed before and after removal, and color photographs of the roof of the Structure sufficient to establish that the shingles installed on the property are PABCO Roof Shingles; **OR**
- Photographs***-Color photographs of the roof of the Structure sufficient to establish that the shingles installed on the Structure are PABCO Roof Shingles; **OR**
- Proof of Purchase**-Reliable and contemporaneous proof of purchase and installation of shingles, such as an invoice from a roofer and evidence of payment. Bids shall not be acceptable; **OR**
- Prior Communication**-A prior communication from PABCO (e.g., where a prior warranty claim has been made) which confirms that the shingles on the Structure are PABCO Roof Shingles; **OR**
- Check or Money Order**-A check or money order in an amount established equal to the cost of a roofing product identification inspection for each Structure on the property, which will require a physical on-site inspection of your roof (\$250.00 for up to 5 Structures, less than 1,000 squares total; if more than 5 Structures or over 1,000 squares, call the Independent Administrator for pricing). This does not relieve your obligation to complete the remainder of this Claim Form including Section 7.

**Photographs should be labeled with the claim number (and Structure number), and may be submitted via mail with this Claim Form or via email at HO25settlement@gardencitygroup.com. Please be certain to include your claim number (as printed on the top right of the first page of this Claim Form) in the subject line of any email submitted to the Independent Administrator.*

Last Name

Claim Number

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4-PRIOR CLAIM INFORMATION

Is this your first claim for this property in the PABCO Class Action Settlement?

Yes No

Have you ever made a roofing warranty claim to PABCO for this Structure?

Yes No

If yes, please include previous warranty claim documents, if available. Please do not send original documents--send photocopies only on 8 1/2" x 11" white paper. If photographs are available, send in color copies.

If yes, date of prior warranty claim:

/ /

Amount of compensation received:

\$

Have you ever made an insurance claim or claim to a builder or other party relating to roof shingles damage on the Structure? *If yes, attach a copy of your insurance carrier's Statement of Loss or other documentation concerning the claim.*

Yes No

If yes, date of claim:

/ /

If so, describe when and to whom payment was issued, and the amount of compensation received.

When payment was issued:

/ /

To whom payment was issued:

Amount of compensation received:

\$

5-CURRENT CLAIM INFORMATION

1. Submit the following color photographs, which may be submitted via mail with this Claim Form or via email along with your claim number (as printed on the top right of page one of this Claim Form) identified below to establish the condition of the roof and Roof Shingles. Your photographs should be of sufficient detail and quality such that an evaluation of the claim may be made.

Check here to verify you have provided all required photographs

- ▶ One more more color photographs as needed showing the entire Structure from a distance.
- ▶ Two or more color photographs of each roof plane (section) showing the plane and the condition of the shingles. At least one close-up color photograph and one color photograph showing the complete area of the plane is typically required of each plane to establish the condition of the shingles.

If you need assistance determining what photographs are necessary, contact the Independent Administrator at www.HO25settlement.com, toll free at 1-800-385-0133, or via email at HO25settlement@gardencitygroup.com.

2. Are you currently experiencing interior leaking into your Structure, which you believe is caused by your Roof Shingles?

Yes No

3. If your answer to the above question is YES, are the shingles visibly damaged in the area of the leak in the following way: for HO-25, split completely through the fiberglass mat and for HZ-25, split completely through the organic felt or the shingles are severely deteriorated and disintegrated exposing organic felt?

Yes No

(continued on next page)

Last Name

Claim Number

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5-CURRENT CLAIM INFORMATION (CONT.)

If your answers to questions 2 and 3 are YES, you are entitled to but are not required to complete and submit a Supplemental Claim Form for Performance Damage. To submit a Supplemental Claim Form for Performance Damage, you will be required to provide documentation including photographs of current leaking and photographs establishing that the shingles are severely damaged and are failing to perform their essential functions and are the source of the leak as discussed in section ___ of the Notice of Proposed Class Action Settlement. Any damage or leaking must be visible to the naked eye and does not include damage to shingles or Structures caused by construction or installation methods.

I wish to receive a Supplemental Claim Form for Performance Damage

If the Independent Administrator determines that you qualify to submit such a form, the Supplemental Claim Form will be mailed to you. This claim will not be processed until you submit the Supplemental Claim Form. However, if you do not submit the Supplemental Claim Form within 60 days of the date the Independent Administrator mails the Supplemental Claim Form to you, the Independent Administrator will process this Claim Form and you will forfeit your right to submit a Supplemental Claim Form for Performance Damage.

6-PROPERTY

Directions to property: *Directions must begin at a major highway or town. A map is not sufficient.*

Property Inspection: You are not required to be present at the inspection unless you are or have been experiencing water intrusion (a leak) and have also filed a claim for current damage. By signing this Claim Form you agree that PABCO may investigate your claim and inspect the property. PABCO may but is not required to inspect the property.

Do you wish to be present for the inspection? Yes No

If you check yes, PABCO will contact you to set up an appointment. If you set an appointment with PABCO to be present at the inspection, and you are not present when PABCO arrives, PABCO will proceed with the inspection in your absence (unless you were experiencing leaking).

Please indicate whether there are dogs, locked gates or other obstructions on the property that will prevent or affect access for the inspection.

What obstructions exist on the property? Dogs Locked Gates Other:

Please indicate the best time to contact you: AM PM

7a-STRUCTURE INFORMATION

Note: You must attach proof of PABCO Roof Shingles for each Structure you are claiming.

Number of Structures on property: Number of Structures you are claiming:

Type of Structure(s):

- Apartment
- Commercial
- Condominium
- Other (specify type)

Last Name

Claim Number

7b-STRUCTURE INFORMATION

PHOTOCOPY THIS SECTION OF THIS FORM AS NEEDED TO DOCUMENT EACH STRUCTURE ON THE PROPERTY

STRUCTURE #

of

(total Structures claimed)

Building Number, address or other identifier:

Subdivision (if known)

Name of builder (if known)

Name of roofing contractor (if known)

Date built (month/year)

Purchase date (month/year)

When I purchased this Structure it was:

New

Previously Owned

Are the PABCO Roof Shingles

Original Roof

Reroof

What is the linear footage of all four sides of your Structure (measure the length of each side)?

Front:

Right:

Back:

Left:

How many levels is your Structure (i.e., single story = 1, second story = 2, etc.)?

What is the approximate square footage of the roof or the number of roof squares installed on your Structure?

If you know, what is the pitch of your roof?

If your roof has more than one pitch, identify here:

Month/Year PABCO Roof Shingles Installed:

Indicate the month/year PABCO Roof Shingles were installed; you may have multiple dates if they were installed in stages or on separate Structures. Attach evidence of when the PABCO Roof Shingles were installed. If you have multiple installation dates, include the approximate square footage for each installation date. Examples of evidence include a certificate of occupancy or final building inspection, or documents sufficient to establish the date of first purchase of the property if new construction with original installation of PABCO Roof Shingles or if the Claimant is the original owner.

Month/Year of Installation:

If more than one installation date, list other dates below:

Installation Date

Approx. Sq. Ft. of Installation

Identify in the space below the type of evidence you are providing to show when the PABCO Roof Shingles were installed. Please include 8½" x 11" photocopies of these documents with this Claim Form.

What form of proof of PABCO Roof Shingles are you submitting for this Structure?

Sample (You must label the sample from this Structure with the corresponding Structure number that you filled in at the top of the page.)

Proof of Purchase

Check or Money Order

Color Photographs

Prior Communication Statement(s)



Last Name

Claim Number

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8-TAX INFORMATION

The information requested below is to allow the Independent Administrator to comply with Internal Revenue Service reporting requirements when and if required. A separate form is required for each claim filed on the property. Failure to provide the following information will delay the processing of your claim and any related payment.

- 1. Are you a FORMER owner of the property for which you have filed a claim in the PABCO Class Action Settlement? Yes No
- 2. Have you previously deducted on your federal income tax return(s) the original cost of installing the PABCO Roof Shingles? Yes No
- 3. Have you previously deducted on your federal income tax return(s) any repair costs associated with the PABCO Roof Shingles? Yes No

If you answered YES to any of the above questions, the Independent Administrator is required to report the amount of recovery on form 1099 MISC to the Internal Revenue Service; please provide your Social Security Number or Tax Identification Number in the box below.

Social Security Number or Tax Identification Number:

If you answered NO to all of the above questions, the Independent Administrator will NOT report the amount of recovery to the Internal Revenue Service. Please note, this exemption from information reporting is expected to apply to most claims.

Check this box ONLY if you have been notified by the IRS that you are subject to backup withholding:

CERTIFICATION

Under penalty of perjury, I (we) certify that to the best of my (our) knowledge, information and belief, the information on this Claim Form and all accompanying material(s) submitted to the Independent Administrator are true and correct. I hereby authorize PABCO to conduct an inspection of my Structure(s) in the event that PABCO elects to do so. I (we) also agree to cooperate with the Independent Administrator in the investigation of this claim.

Signature of Property Owner

Print Name Here

Date

Signature of Property Owner

Print Name Here

Date

(If you have additional co-owners, please make a copy of this page for their signatures and attach it to the completed Claim Form.)

Please mail completed Claim Form and 8½" x 11" photocopies of attachments to:

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