

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-SA



Claimant Name

Claim Number

SINGLE-FAMILY RESIDENCE CLAIM FORM

Complete this Claim Form if you are claiming current damage on a single-family residence or a manufactured (mobile) home. Detached garages are considered part of a single-family residence.

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

1. Type or legibly print all information in blue or black ink, please do not use highlighter.
2. Answer all questions on the Claim Form.
3. Sign and date the Claim Form. Your signature is certification that all information on this form is true and correct under penalty of perjury and that you authorize PABCO to inspect your Structure, if necessary.
4. 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). Please ask your homeowner's association to file a claim on your behalf.

For a Multi-Unit property claim (such as apartments, condominiums, duplexes, etc.) or for any commercial property claim, do not submit this Claim Form, you must instead submit the Multi-Unit 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.)

1. Is your home or Structure currently listed for sale? Yes No
(If yes, enclose copy of real estate listing agreement or "For Sale by Owner" newspaper advertisement.)

2. Is your home or Structure currently under contract for sale? Yes No
(If yes, enclose copy of sales contract.)

3. Are you currently experiencing water intrusion into your Structure, which you believe is caused by your Roof Shingles? Yes No
(If your roof is leaking, attach evidence regarding the leak, along with photograph(s) depicting the location, nature and source of the leak.)

4. 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? Yes No
(If yes, attach a copy of the contract to repair.)
(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 compensation.)

Last Name

Claim Number



2-VERIFICATION OF OWNERSHIP

You must provide a copy of TWO different types of proof showing that you are the current owner of the Structure. ONE of these must be either:

- The property deed (or for manufactured (or mobile) homes a copy of the registration or title) **OR**
- Current property tax record with address showing you as the owner.

The other document you must provide is 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.

If you are not the current owner of the Structure, you must provide evidence of assignment of claim.

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. Therefore, you must check and enclose at least one of the following forms of proof:

- 1. **Roof Shingle Sample** - A **sample** of sufficient size and in good condition (**this is important**) to allow identification of the product as PABCO Roof Shingles (one full shingle sample in good condition). Samples must be submitted with color photographs,* indicating the location from which the sample was removed before and after removal; **OR**
- 2. **Photographs** - Color photographs* of the roof sufficient to establish that the shingles installed on the Structure are PABCO Roof Shingles; **OR**
- 3. **PABCO Acknowledgement** - Attach 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**
- 4. **Documentation of Original Proof of Purchase** - Attach documentation of your proof of purchase and installation. Documents must be from the time period of actual purchase, payment, and installation. Bids will not be accepted; **OR**
- 5. **A Check or Money Order for \$250.00** - Payable to the Independent Administrator for a product identification inspection, which will require a physical on-site inspection of your roof. This does not relieve your obligation to complete the remainder of this Claim Form including Section 6.

**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 the first page of this Claim Form) in the subject line of any email submitted to the Independent Administrator.*

4-PRIOR CLAIM INFORMATION

Is this your first claim for this Structure 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

(continued on next page)

Last Name

Claim Number:



4-PRIOR CLAIM INFORMATION (CONTINUED)

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) at HO25settlement@gardencitygroup.com, to establish the condition of the roof and 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 or 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 H025settlement@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 question 2 is YES, are the shingles visibly damaged in the area of the leak in the following way: for H0-25, 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

If the answer to questions 2 and 3 are YES, you are entitled 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.

Last Name

Claim Number:



6-STRUCTURE

Type of Structure: Subdivision (if known) Name of builder (if known) Name of roofing contractor (if known)

<input type="checkbox"/> Single-Family	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Manufactured (or mobile) home			

Date built (month/year) Purchase date (month/year) When I purchased this Structure it was Are the PABCO Roof Shingles

<input type="text"/>	<input type="text"/>	<input type="checkbox"/> New	<input type="checkbox"/> Original Roof
		<input type="checkbox"/> Previously Owned	<input type="checkbox"/> Reroof

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

Front: <input type="text"/>	Right: <input type="text"/>	Back: <input type="text"/>	Left: <input type="text"/>
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What is the square footage of your Structure?

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

How many planes (or sections) are on your roof?

What is the number of roof squares installed on your Structure (one square is a 10-foot by 10-foot area of roof covered by shingles) or the approximate square footage of the roof?

If you know, what is the pitch(es) 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 number of squares or square footage for each installation date. Examples of evidence include a certificate of occupancy or final inspection, statement from the builder, receipt for purchase of Roof Shingles or other document that shows month/year and your property address. If you bought a new house with PABCO Roof Shingles as original roof, evidence of the date/year built is sufficient.

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 8 1/2" x 11" photocopies of these documents with this Claim Form:

Last Name

Claim Number:



7-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 the 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 home or other 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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