

EIFS CLAIM FORM

GENERAL INSTRUCTIONS AND INFORMATION

You must complete and timely submit this Claim Form in order to be eligible for recovery under the Settlement. Please type or print your responses in ink. All questions must be answered if the information requested is reasonably available. Use "N/A" when the question does not apply. Additional information may be requested if this form is incomplete or otherwise insufficient to process your claim. You must respond to any request for additional information; if you fail to respond your claim may not be processed thereby forfeiting important rights. The more complete the Claim Form, the more timely your claim can be processed.

Only non-drainable EIFS sold by United States Gypsum Company (the "Settling Defendant") are part of this Settlement and recovery is dependent upon establishing that your property was clad with a Settling Defendant's EIFS and sustained Damage as defined in the Settlement Agreement.

You can only file a claim if (i) you are a current or former owner, who acquired the Property prior to May 19, 2000, of a Property on which Settling Defendant's EIF System was installed and (ii) you are not otherwise excluded from the proposed settlement, as more particularly described in the Notice of Proposed Settlement of Class Action (the "Notice"). Please refer to the enclosed Notice for further details.

All claims submitted to the Claims Administrator will be evaluated and determined on the basis of the information, enclosures, and other documentation required by this form. Additionally if your Property is included in the Class Settlement, you will be contacted to arrange for an on-site inspection of the Property and EIFS involved in the claim.

Recladding the exterior of your home before the Independent Inspector inspects your property and a recovery determination is made may prejudice your rights. If you have already contracted to reclad your property, you must notify the Claims Administrator immediately.

Do not submit original documents. *Submit clear, legible, and complete copies (except for photographs, for which duplicate originals should be submitted). Keep a personal copy of the Claim Form and all enclosures. To receive a copy of the Claim Form and enclosures, (excluding photographs and videotapes) from the Claims Administrator there will be a charge of fifteen Dollars (\$15.00).*

If you have questions regarding this Claim Form or entitlement under the Settlement Agreement, you can call the Claims Administrator at (312) 606-3861.

Mail the completed Claim Form and all required supporting documentation to:

Andrew Clausen
Claims Administrator
United States Gypsum Company
125 South Franklin Street
Chicago, IL 60606

The inability to submit the requested documentation or information from a builder or applicator will not be a basis for delaying the inspection or payment of an otherwise qualified home, but the submission of such information will greatly assist the Claims Administrator in making the final determination of benefits. Claimants are encouraged to make every effort to obtain the requested documentation and to continue to seek all available information so that a final determination may be made without delay and payment, if the Claimant qualifies, can be made promptly.

SECTION A
CLAIMANT INFORMATION
(All Claimants must complete this section.)

NAME(S), SOCIAL SECURITY NUMBER, ADDRESS AND TELEPHONE NUMBER:

Name: _____ SSN: _____

Name: _____ SSN: _____

Address: _____

Telephone: Day _____ Evening _____ Fax _____

If Claimant is other than an individual, state the name and capacity of the person completing this form (*Officer, Partner, etc.*): _____

OWNERSHIP STATUS OF CLAIMANT: Please state whether you are the:

Current Owner Of Property Date of Purchase: ____/____/____
Date of Occupancy: ____/____/____

Former Owner Of Property Date of Sale: ____/____/____
Date of Purchase: ____/____/____

Enclosures Required: Proof of current or prior ownership of the Property is *required*. It may be most convenient for you to provide a copy of your current tax bill or mortgage statement. This proof also may consist of property deeds, tax reports, title insurance, closing statements, or other documents showing your ownership of the Claim or Property.

SECTION B
DESCRIPTION OF THE PROPERTY
(All Claimants must complete this section.)

PROPERTY ADDRESS AND ZIP CODE: (DO NOT USE A POST OFFICE BOX):

Street: _____
Subdivision (if applicable): _____
City/State/Zip Code: _____

NAME OF CURRENT OCCUPANT (If different from Claimant):

DESCRIBE THE PROPERTY:

- Single family residence Two-family residence Townhouse unit
 Other _____ (description)

SECTION C
IDENTIFICATION AND INSTALLATION OF EIFS
(All Claimants must complete this Section.)

IDENTIFICATION: Manufacturer: United States Gypsum Company Other

Basis for identification (check off and enclose as many of the following as possible):

- Manufacturer project-specific warranty*
 Manufacturer inspection report indicating Settling Defendant's EIFS on Property*
 Bills of sale, purchase orders showing purchase of Settling Defendant's EIFS*
 Manufacturer correspondence acknowledging product on Property*
 Sealed engineer, architect or licensed home inspector report identifying Settling Defendant's EIFS on Property*
 Builder, contractor, applicator affidavit stating a Settling Defendant's EIFS on Property*
 Other documentation (describe) _____

Enclosures Required: Enclose copies of checked documents for proof of product identification. **IMPORTANT:** If property was re clad after the Notice Date you must submit one or more of the documents identified with an asterik.

EIFS REPAIR HISTORY:

<u>Date (MM/DD/YY)</u>	<u>Type</u>	<u>Scope (Amount of EIFS replaced, details, etc.)</u>
_____	_____	_____
_____	_____	_____

Enclosures Required: Enclose copies of documents that establish the date that the EIFS was repaired (for example, receipts, invoices or canceled checks for the purchase and installation of repair materials; and work orders, contracts or building permits, or other similar documents that show the date of the EIFS repair work).

DESCRIBE ANY PROBLEMS TO INTERIOR OR EXTERIOR OF YOUR PROPERTY THAT MAY BE RELATED TO EIFS AND STATE THE DATE YOU FIRST BECAME AWARE OF EACH PROBLEM *(If you need additional space you may attach a separate sheet of paper)*:

Has your property sustained any damage as a result of hurricane, tornado, flood or other natural disaster or from foreign objects such as falling trees, moving vehicles, flying debris, or other physical impact? Yes No

If Yes, please describe the damage(s) sustained and the date(s):

Have you made a claim relating to your property for damage from natural disaster or foreign objects? Yes No

If Yes, please state the amount(s) you were paid, the date(s) you were paid, and the payor(s):

SECTION D
IF THE PROPERTY HAS BEEN RECLAD
(If the Property has not been reclad, skip to the next section)

The amount of reimbursement for reclad costs will be determined by the terms of the Settlement Agreement and may not result in 100% reimbursement of your replacement expenses.

IDENTIFY THE PERSON WHO PERFORMED THE REPLACEMENT WORK AND DESCRIBE THE NATURE OF THE WORK:

Builder or contractor: _____

Nature of repair or replacement: _____

Replacement exterior cladding: _____

Date replacement work commenced (MM/DD/YY): _____

THE SURFACE AREA (IN SQUARE FEET) OF EIFS REPLACED (do not include windows, doors other non-EIFS components of the exterior): _____ square feet of EIFS.

Enclosures Required: In addition to documentation elsewhere required in this Claim Form, you must submit the following [Note: the failure or inability to submit proof of reclad and payment may result in your Claim being denied pursuant to the terms of the Settlement Agreement]:

◆ **Invoices.** Copies of invoices, contracts and/or purchase orders which document that the EIFS was removed and replaced.

◆ **Affidavits.** A signed and sworn affidavit from a builder, contractor, developer, or installer that states (i) the name, address and telephone number of the person giving the affidavit, (ii) the address of the Property, (iii) the square footage of the EIFS removed and replaced; (iv) the date of EIFS removal and replacement; and (v) the type and itemized cost of the replacement cladding.

◆ **Photographs** (if available). If available, photographs taken *before* replacement that show the Property and the damaged condition of the sheathing. In addition, photographs should also be submitted that show the Property *after* replacement.

◆ **Proof of Payment.** Include copies of any canceled checks, receipts or other documents that show the cost of the replacement and that the replacements was paid for by you.

◆ **Proof of Damage.** For property reclad after the Notice Date, damages can be established, if at all, only by establishing that an inspection was performed on the Property prior to the reclad by an engineer, architect or other licensed home inspector who issued a report under seal revealing two or more moisture readings greater than 20% from separate Water Sources or two square feet of wall with loss of structural integrity of the sheathing as determined by the Inspection Protocol.

STATE THE TOTAL REPLACEMENT COSTS: \$ _____

SECTION E

FORMER OWNER WHO DID NOT RECLAD

(If you are not a Former Owner who did not reclad, skip to the next section)

If you are a former owner and did not reclad your Property prior to May 19, 2000, please state how you suffered any damages:

Enclosure Required: If you are a former owner, you must establish ownership of the property prior to May 19, 2000 through title or other appropriate documentation. You also must provide documentation of all costs incurred or payments made for such Damage (i.e., an invoice for repairs made and proof of payment). A sworn affidavit stating that payment was made for such repairs is acceptable proof of payment.

SECTION F

REPRESENTATION OF CLAIMANT(S)

(All Claimants must complete this section.)

Claimants must acknowledge that they have read and agree to the following by checking the boxes:

SUBMISSION TO JURISDICTION OF COURT.

Claimant(s) agree(s) to submit to the exclusive jurisdiction of the Superior Court for New Hanover County, for all purposes associated with this Claim.

VERIFICATION OF CLAIM AND WARRANTY.

Claimant(s) represent and warrant that the information, enclosures and supporting documentation submitted herewith are true, correct, and accurate. Claimant(s) specifically warrants that Claimant(s) is the rightful and only owner of the claim submitted and has not otherwise transferred or encumbered any right or interest in this claim and recovery sought under the Settlement Agreement to any person.

AGREEMENT TO COOPERATE.

Claimant(s) agree(s) to fully cooperate with the Claims Administrator with respect to verification of this Claim Form and the information included herein.

CERTIFICATION AND SIGNATURES

The Undersigned hereby swear(s) under penalty of perjury that all of the information attached hereto and provided herein is true and accurate.

Signature(s):

(a) _____

Date: _____

(b) _____

Date: _____