

## **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 Settlements. Please type or print your responses in ink. **The deadline for submitting this form for Claimants with homes clad with Sto EIFS is June 30, 2000.** The deadline for Claimants with homes clad with other Settling Defendants' EIFS is January 17, 2003.

*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 Exterior Insulation and Finish Systems ("EIFS") of Dryvit Systems, Inc., Parex, Inc., W.R. Bonsal Company, Sto Corp. and Continental Stucco Products, Inc. (the "Settling Defendants") 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.

Claimants should make every effort to provide all requested information and documentation so that a final determination of the claim can be made promptly.

**You can file a claim only if you are a current or former owner who: (i) acquired Property on or before September 18, 1996 (or such current, lawful assignee of such person or entity as provided in the Settlement Agreement) on which a 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.

Removal and replacement of your exterior siding (hereinafter referred to as "recladding" the Property) before the Independent Inspector inspects your property and a recovery determination is made may prejudice your rights. If you have already contracted to re clad your property, you must notify the Claims Administrator immediately.

**Do not submit original documents.** Submit clear, legible, and complete copies, except for photographs and videotapes, 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 request duplicate originals of photographs or videotapes, there will be an additional charge.

If you have questions regarding this Claim Form or recovery under the Settlement Agreement, you can call the Claims Administrator at 1-800-378-4214.

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

**Claims Administration  
P.O. Box 4540  
Portland, OR 97208-4540**

**PLEASE NOTE:** Sto claims should be mailed to:

**Claims Administrator  
P.O. Box 43134  
Atlanta, GA 30336**

**I. CLAIMANT INFORMATION**

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

Name: \_\_\_\_\_ SSN: \_ \_ - \_ - \_ \_ \_

Name: \_\_\_\_\_ SSN: \_ \_ - \_ - \_ \_ \_

Address: \_\_\_\_\_  
 Street Address Apt Number

\_\_\_\_\_ City State Zip Code

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
 Area Code Daytime Area Code Evening Area Code 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 Certificate of Occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_

Former Owner Of Property Date of Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Certificate of Occupancy: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Enclosures Required:** Proof of current or prior ownership of the Property, or assignment of the claim as provided in the Settlement Agreement is *required*. It may be most convenient for you to provide a copy of your tax bill or mortgage statement. This proof also may consist of property deeds, tax reports, title insurance, closing statements, an assignment of claim or other documents showing your ownership of the Claim or Property. If proceeding as an assignee, all assignment documents must be included; the Property owner(s) or former owners(s) ("Assignors") will be required to sign this claim form.

**II. DESCRIPTION OF THE PROPERTY**

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

Address: \_\_\_\_\_  
 Street Address Apt Number

\_\_\_\_\_ City State Zip Code

Subdivision (if applicable): \_\_\_\_\_

**NAME OF CURRENT OCCUPANT (If different from Claimant):** \_\_\_\_\_

**DESCRIBE THE PROPERTY:**

Single family residence  Two-family residence  Townhouse unit

Other - Describe \_\_\_\_\_

### III. IDENTIFICATION, INSTALLATION, INSPECTION AND REPAIR OF EIFS

#### A. IDENTIFICATION:

**Manufacturer:**

- Dryvit                       Parex                       Bonsal                       Continental  
 Sto (if you check Sto only, Section V below may be omitted.)

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

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

**Enclosures Required:** Enclose checked documents for proof of product identification. If the Claimant submits the affidavit of a builder, contractor, or applicator as proof of product identification, the Claimant shall also request that the affiant provide all documentation relating to product identification, or if such documentation is not available to the affiant or Claimant, the identity of the custodian (s) of such documentation. The inability of the Claimant to obtain the requested documentation shall not be the sole basis for a deferral of the Independent Inspection.

**\*IMPORTANT:** If property was reclad after the Notice Date you must submit one or more of the documents identified with an asterisk (\*).

#### B. INSTALLATION DATE(S) (indicate if original construction or addition):

- 1) \_\_\_\_\_ / \_\_\_\_\_                      2) \_\_\_\_\_ / \_\_\_\_\_                      3) \_\_\_\_\_ / \_\_\_\_\_  
    Month    Year                                      Month    Year                                      Month    Year  
 Original Construction/  Addition                       Original Construction/  Addition                       Original Construction/  Addition

**Enclosures Required:** Enclose copies of documents that establish the date that the EIFS was installed (for example, receipts, invoices or canceled checks for the siding's purchase and installation, work orders, contracts or building permits, or other similar documents that show the date of the EIFS installation on the Property).

#### C. EIFS INSPECTION HISTORY (If any):

<u>Date (MM/DD/YY)</u>	<u>Type (i.e., moisture, structural)</u>	<u>Name and Address of Inspector</u>
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

**Important Enclosures Required:** If the Property has been inspected, you must include a copy of the inspection report (including duplicate photographs not xerox copies), if in your possession.

#### D. 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 siding's purchase and installation, work orders, contracts or building permits, or other similar documents that show the date of the EIFS repair on the Property).

E. **STATE IN SQUARE FEET THE SURFACE AREA OF EIFS** (do not include windows, doors other non-EIFS components of the exterior):

\_\_\_\_\_ square feet of EIFS.

**IV. IDENTIFY THE FOLLOWING ENTITIES WHO WORKED ON THE PROPERTY AND FROM WHICH, IF ANY, YOU RECEIVED A WARRANTY**

<input type="checkbox"/> Builder	_____	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Architect:	_____	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Developer:	_____	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EIFS Applicator:	_____	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (identify):	_____	Warranty: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Important Enclosures Required:** Enclose a copy of all warranties.

**V. DAMAGE TO PROPERTY**

If your Property has sustained any damage as a result of hurricane, tornado, flood or other reason (excluding wear and tear), for each instance of damage, please provide the following: (a) date; (b) description of the damage including the location of the damage; (c) names and addresses of insurance companies with coverage of the Property for each year since January 1, 1996; (d) whether an insurance or other claim was made, and if so, to which insurance company or other entity (please include full name, address, claim number and indicate whether the claim was paid, denied, or is still pending); and (e) whether the damage has been repaired.

**Enclosures Required:** Documentation submitted in connection with or received in response to any insurance claim or other claim, as well as invoices (including proposals) and proof of any claim.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Without limiting your answer to the previous question, please check all applicable boxes below and indicate the date (month and year) when you first discovered the problem or damage:

- Mold or mildew on the inside or outside of exterior walls, particularly near windows and doors or vent system  
Date of discovery: \_\_\_\_\_
- Water stains on floors, walls or ceilings  
Date of discovery: \_\_\_\_\_
- Water penetration into house around properly secured windows, doors or vents during normal rainstorms  
Date of discovery: \_\_\_\_\_
- Water or moisture damage discovered during prior repairs or improvements to your home  
Date of discovery: \_\_\_\_\_
- Moisture-related rotting or deterioration of window frames or door frames  
Date of discovery: \_\_\_\_\_
- Delamination, cracking, bulging or abnormally soft areas in your synthetic stucco system  
Date of discovery: \_\_\_\_\_
- Absence of kick-out flashing leading to water stains below the roof/wall interface or where the roof line abuts to the EIFS wall cladding  
Date of discovery: \_\_\_\_\_

Did a prior owner either (a) attempt to repair moisture problems or water damage or (b) give you an EIFS discount when you purchased your home?     Yes             No             Don't Know.

If your answer is "yes", please describe.

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When did you first learn of the alleged potential for moisture intrusion behind synthetic stucco (EIFS) systems?

Date (month and year): \_\_\_\_\_

How did you learn about it?

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When did you first learn of the EIFS class action?

Date (month and year): \_\_\_\_\_

How did you learn about it?

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Did you know of or suspect a moisture problem with your home but delay conducting an inspection because of the pending EIFS class action?     Yes             No

**VI. PROPERTY WHICH 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 might 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:

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Nature of repair or replacement:

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Type of replacement exterior cladding:

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Date Installed (month and year): \_\_\_\_\_

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

- ◆ **Invoices.** Copies of invoices, contracts and/or purchase orders showing 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 25% from separate Water Sources or two square feet of wall with evidence of loss of structural integrity of the sheathing.

**VII. FORMER OWNERS WHO DID NOT RECLAD**

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

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**Enclosure Required:** If you are a former owner, you must establish ownership of the property prior to September 18, 1996 through title or other appropriate documentation. You also must provide documentation of all costs incurred or payments made for such Damage (e.g., an invoice for repairs made and proof of payment). A sworn affidavit stating that payment was made for repairs is acceptable proof of payment.

**VIII. REPRESENTATION OF CLAIMANT(S)**

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

**SUBMISSION TO JURISDICTION OF COURT.**

Claimant(s) agrees 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) represents and warrants 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 or Assignee(s) of the claim submitted and has not otherwise transferred or encumbered any right or interest in this claim and/or right or entitlement arising from the Settlement Agreement to any person.

**IMPORTANT:** If you have already replead your property and have recovered money through a claim against a third party, you may have transferred a right or interest in your claim in the documents you signed when settling with the third party. If you have made such a prior settlement, enclose a copy of your settlement documents from the prior claim.

**AGREEMENT TO COOPERATE.**

Claimant(s) agrees to cooperate with the Claims Administrator with respect to verification of this Claim Form, including, if requested, providing a siding sample during the inspection of the Property.

**IX. 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.

Your Signature(s)

(a) \_\_\_\_\_  
Owner/Former Owner/Assignee

Date: \_\_\_\_\_

(b) \_\_\_\_\_  
Owner/Former Owner/Assignee

Date: \_\_\_\_\_

(c) \_\_\_\_\_  
Assignor

Date: \_\_\_\_\_

(d) \_\_\_\_\_  
Assignor

Date: \_\_\_\_\_