

EIFS CLAIM FORM

GENERAL INSTRUCTIONS AND INFORMATION

You must complete and timely submit this Claim Form in order to be eligible for a recovery. Please type or print your responses in ink. **The deadline for submitting claim forms for homes clad with Thomas Waterproof Coatings, Co.'s EIFS is September 1, 2002.** 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 Thomas Waterproof Coatings Co. (the "Settling Defendant") are part of this judgment and recovery is dependent upon establishing that your property was clad with the Settling Defendant's EIFS.

You can only file a claim if you own or owned a one-or two-family residential dwelling or townhouse in North Carolina clad, in whole or part, with Thomas Waterproof Coatings, Co.'s EIFS. 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.

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.

If you have questions regarding this Claim Form or recovery under the Judgment, you can call the Claims Administrator at:

1-800-378-4214

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

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

I. CLAIMANT INFORMATION

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

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 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):

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— Describe _____

III. IDENTIFICATION, INSTALLATION OF EIFS

IDENTIFICATION: Manufacturer: Thomas Waterproof Coatings Co.

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

- Manufacturer 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) _____

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>
___ / ___ / ___	_____	_____
___ / ___ / ___	_____	_____
___ / ___ / ___	_____	_____

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.

State in square feet the surface area of EIFS (do not include windows, doors or other non-EIFS components of the exterior):

_____ square feet of EIFS

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. DAMAGE TO PROPERTY

IF THE PROPERTY HAS BEEN RECLAD IDENTIFY THE PERSON WHO PERFORMED THE REPLACEMENT WORK AND DESCRIBE THE NATURE OF THE WORK:

Builder or contractor: _____

Nature of repair or replacement: _____

Type of replacement exterior cladding: _____

Date Installed(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 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 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.** Enclose copies of documents that show the damaged condition of the sheathing, for example, an inspection was by an engineer, architect or other licensed home inspector who issued a report under seal.

STATE THE TOTAL REPLACEMENT COSTS: \$ _____

V. FORMER OWNERS 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 June 16, 2002, please state how you suffered any damages:

Enclosure Required: If you are a former owner, you must establish ownership of the property prior to June 16, 2002 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.

VI. 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 (mandatory):

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 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.

Your Signature(s)

(a) _____

Date: _____

(b) _____

Date: _____