

## CLAIM FORM

### The Abitibi/ABTco Siding Claims Program

#### HOMES BUILT ON-SITE

(Structures other than mobile homes)

**Fill Out This Form If You Are Making A Claim For Siding On A Structure That Is *Not* A Mobile Home.** There is a different form to use for mobile homes.

Under the Class Action Settlement approved by the Court, claimants must complete and file this claim form to be eligible for compensation under the ABTco Siding Claims Program. You cannot be compensated unless you file a claim form. **The siding must be on the structure and available for inspection by the court-approved, Independent Inspector. Siding that has been removed or covered up with other siding cannot be inspected, and therefore cannot be compensated.**

The Siding Claims Program only applies to ABTco and Abitibi (including Abitibi-Price) hardboard siding installed prior to May 15, 2000.

Please type or print your responses in ink. We may ask for additional information if we need it to process your claim.

All claims filed will be processed on the basis of the information and documents required by this form. Once the claim form is properly completed, an on-site inspection of the structure and the siding will take place. The average claims processing time from start to finish is 3 to 6 months.

Please review the contents of this claim form packet, which should include all of the following: (1) the claim form with instructions; (2) an updated Notice; and (3) a pre-addressed mailing envelope. Please refer to the updated Notice for further details.

Mail the completed claim form in the pre-addressed envelope. This package should include: (1) the signed original claim form, (2) all required documentation, and (3) proof of ABTco/Abitibi siding (see instructions, paragraph D). Mail it to:

**Abitibi/ABTco Customer Support Office  
805 SW Broadway  
Portland, OR 97205-3303**

**If you have questions, please call 1-800-549-4465, or visit the website at [www.abtcoclaims.com](http://www.abtcoclaims.com).**

**Instructions Are Attached To This Claim Form**

**CLAIM FOR SIDING ON A HOME BUILT ON-SITE**

**A. Claimant's Name, Mailing Address, Zip Code and Phone Number(s):**  
Include ALL Claimant(s)/Co-owner(s)  
(See Paragraph A of the Instructions)

**Check the appropriate box:**

- I am the current owner of the home.
- I am not the current owner of the home.

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Name \_\_\_\_\_

---

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Mailing Address \_\_\_\_\_

---

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

---

Name \_\_\_\_\_

---

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

---

Mailing Address \_\_\_\_\_

---

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

---

Name \_\_\_\_\_

---

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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Mailing Address \_\_\_\_\_

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

**Property Address:**  
(If Different From Above; Do NOT Use a PO Box)

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Street Address \_\_\_\_\_

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

**B. Questions About Your Property:**  
(See Paragraph B of the Instructions)

Check the box that applies to your structure:

When I purchased this structure, it was:

- NEW
- PREVIOUSLY OWNED

If previously owned, year of purchase \_\_\_\_\_ / \_\_\_\_\_  
Month Year

- I am currently posting, listing, or advertising the Home for sale and have attached the posting, listing agreement or advertisement.
- I am currently experiencing water intrusion into my Home and have attached any contracts or estimates for repair work.

Number of Structure(s): \_\_\_\_\_

Type of Structure(s): \_\_\_\_\_

\_\_\_\_\_

**C. Proof of Property Ownership:**  
(See Paragraph C of the Instructions)

I have included the attachments described in Paragraph C of the Instructions

**D. Proof of Abitibi/ABTco Siding:**  
(See Paragraph D of the Instructions)

I have included the attachments described in Paragraph D of the Instructions.

**E. Date of Installation:**  
(See Paragraph E of the Instructions)

Please state when the siding was installed on your home

\_\_\_\_\_/\_\_\_\_\_  
Month / Year

I have included the attachments described in Paragraph E of the Instructions.

**Has any of the Abitibi/ABTco Siding been removed, replaced, or covered by other siding?**

- No
- Don't Know
- Yes - If Yes, please explain, including estimated square feet of siding replaced or covered.

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

(The siding must be on the structure and available for inspection by the court-appointed, Independent Inspector. Siding that has been removed or covered up with other siding cannot be inspected, and therefore cannot be compensated.)

**F. Painting History:**  
(See Paragraph F of the Instructions)

First Repainting: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Second Repainting: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Third Repainting: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Fourth Repainting: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

I have not painted my home since I purchased it.

**G. Prior Claims:**  
(See Paragraph G of the Instructions)

Check here if you previously made a claim to Abitibi or ABTco and follow Paragraph G of the Instructions.

Claim#: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

**H. Other Payments or Compensation:**  
(See Paragraph H of the Instructions)

I have received compensation or payments for damage, repair, or replacement of the siding.

Payment Received: \_\_\_\_\_

\_\_\_\_\_  
Source of Payment Received Date

\_\_\_\_\_  
Source of Compensation Date

**I. Tax Information:**  
(See Paragraph I of the Instructions)

Are you a FORMER owner of the property who has filed a claim regarding Abitibi or ABTco Siding?

- Yes
- No

Have you previously deducted on your Federal Income Tax Return(s) the ORIGINAL cost of installing Abitibi or ABTco Siding?

- Yes
- No

Have you previously deducted on your Federal Income Tax Return(s) the cost of repairing or replacing any of your Abitibi or ABTco Siding?

- Yes
 No

If you checked "Yes" to any of the above questions, please provide either the Social Security Number or the Taxpayer Identification Number for all owners in the spaces below. This information will remain confidential.

\_\_\_\_ OR \_\_\_\_\_
Social Security Number Taxpayer Identification Number

\_\_\_\_ OR \_\_\_\_\_
Social Security Number Taxpayer Identification Number

J. Directions To Property:
(See Paragraph J for the Instructions)

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

Would you like to be present for the inspection?

- Yes
 No - If No, please answer the following question:

Are there any obstacles (i.e. a locked gate or animal), which would prevent the inspector from freely inspecting the home? If yes, please explain.

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

K. Assistance With This Claim Form:
(See Paragraph K of the Instructions)

- Check here if anyone helped you to prepare this claim form. If so, complete the following:

If this Claim Form is submitted with a Power of Attorney (POA) on behalf of the Property Owners/Claimants, we request that the POA be notarized. If the POA is not notarized, the Customer Support Office may contact the Property Owners/Claimants to confirm authorization of the POA.

\_\_\_\_
Name of Claim Preparer Title/Relationship of Claim Preparer

\_\_\_\_
Signature of Claim Preparer Date

\_\_\_\_
Organization Address

\_\_\_\_
City/State/Zip Phone Number

ALL CLAIMANTS MUST SIGN THE FOLLOWING OATH AND CERTIFICATION

I certify that to the best of my knowledge, information and belief, the information on this claim for Siding on a Site Built Home (and additional sheets) is true and correct and that no claim has been previously made with respect to this siding, except as noted. I agree to replace any siding paid for as a result of this claim, or if I do not replace the siding, I agree to disclose to anyone I sell the property to the existence of the Settlement Agreement and the amount of any payment I receive relating to this claim.

The Undersigned also agree(s) to cooperate with ABTco and the Customer Support Office in the review of this claim, including an inspection of the Property.

\_\_\_\_
Signature of Property Owner Date

\_\_\_\_
Signature of Property Co-Owner Date

\_\_\_\_
Print Name

\_\_\_\_
Print Name

Return this completed claim form, and required attachments to:

Abitibi/ABTco Customer Support Office
805 SW Broadway
Portland, OR 97205-3303

## INSTRUCTIONS TO COMPLETE A CLAIM FOR SIDING ON A SITE-BUILT HOME

### ATTACHMENT CHECKLIST :

- \_\_\_\_\_ Proof of Property Ownership
- \_\_\_\_\_ Proof of Abitibi/ABTco siding
- \_\_\_\_\_ Documentation showing when the original Abitibi/ABTco siding was installed
- \_\_\_\_\_ Documentation showing when the siding was painted

**A. Name of Property Owner(s)/Claimant(s):** Include all co-owners/claimants for the home (first name, middle initial, last name). If there are more than three co-owners/claimants, please provide the name, phone number and address for additional co-owners/claimants on a separate sheet of paper. It is essential that this claim form be completed and signed by each and every owner.

**B. Questions About Your Property:** If you are currently offering your home for sale, please provide a copy of the advertisement or real estate listing agreement. If you have entered into any contracts to repair water damage, please provide a copy of any estimates or contracts for repair work. Also provide information as to the number of structures with Abitibi/ABTco Siding and what type of structure. For example, "house and separate garage".

NOTE: The Siding Claims Program does not pay for water damage to materials other than the siding, but claimants who have signed contracts to repair water intrusion problems may be entitled to have their claim processed earlier than other claimants.

**C. Proof of Property Ownership:** You must provide a copy of the Property Deed showing you as the Property Owner and the street address of the Property. In addition, you must provide one of the following:

1. A current tax bill;
2. A current tax report;
3. A current title insurance declaration page;
4. A current homeowner's insurance bill;
5. A current declaration page from a policy of property insurance;
6. A current mortgage statement; OR
7. A current utility bill showing the property address;

**D. Proof of Abitibi/ABTco Siding:** To begin processing your claim, the Claims Administrator must receive evidence that the siding for which you are making a claim is Abitibi/ABTco Siding, and not siding made by any other company. Therefore, you must submit one or more of the following:

1. Sample – Send us a sample of the siding taken from the structure (send a 2-inch by 2-inch square or a 2-inch diameter round, UNDAMAGED piece of siding);
2. Photo of Logo on Back of Siding – Send us a photograph that will enable us to read the identification information printed on the unpainted *back* of a board or panel of siding;
3. Independent Inspector – Send us a check or money order in the amount of \$50 made payable to ABTco Siding Claims Program to pay for an inspector who will determine whether the siding was made by Abitibi or ABTco. If the inspector identifies the product as Abitibi or ABTco hardboard siding, the \$50 will be refunded to you at the end of the claim process. The \$50 deposit will not expedite the inspection;
4. Evidence of Prior Abitibi/ABTco Warranty Claim – Attach a written acknowledgement (Inspection Report, Settlement Voucher, Release Letter, etc.) from Abitibi/ABTco that you have Abitibi/ABTco Siding;
5. Invoice or Warranty Along with Photos of the Outside of the House – Send us an invoice or Warranty along with photographs of the outside of the house. If you submit photographs, you should take pictures close enough to the siding to show the "grain" pattern (if any) on the siding's surface. We cannot use photographs to determine whether smooth lap siding and beaded siding were made by Abitibi or ABTco;
6. Other Evidence – Send us other evidence that proves that the siding on your home was made by Abitibi or ABTco.

**If you have any questions, you can call the Abitibi/ABTco Customer Support Office at 1-800-549-4465.**

**E. Date of Installation of Abitibi/ABTco Siding:** Indicate the month and year that the Abitibi/ABTco siding was installed.

If Abitibi/ABTco Siding was the original siding installed on the home, please provide a copy of one of the following documents to show the date that the structure was originally occupied or constructed:

1. Building permit for the structure;
2. County records (printouts, etc.);
3. Certificate of Occupancy;
4. Photo of the date stamp on the back of the board/panel of siding (the date stamp is in code of a series of numbers ending in the letter R);
5. Siding receipts, invoices, or other records – The record must show when the Abitibi/ABTco siding was purchased;
6. Title search report – The report must show the date of construction, completion, or first occupancy;
7. Original sworn statement of the builder of the structure – The statement must provide the date on which the Abitibi/ABTco siding was installed;
8. Other evidence – RMLS listing, etc.

If the siding was *not* the original siding installed on the home (for example, if Abitibi or ABTco siding was used to replace other siding), please provide a copy of one of the following documents:

1. Work orders, contracts or building permits for the siding's installation – The document must state the date on which the siding was installed, and that the siding installed was manufactured by Abitibi or ABTco;
2. Provide siding receipts, invoices, canceled checks, or other records showing when the siding was purchased;
3. Sworn statement of the installer of the siding – The statement must provide the date on which the siding was installed and verify that the siding installed was manufactured by Abitibi or ABTco.

**F. Painting History:** Please provide the month and year for each date that each Home was repainted. Please attach all available contractor's or homeowner's receipts for the paint. If the home was previously owned, we understand that you may not know the paint history.

**G. Prior Claim(s):**

Previous Warranty Claim(s) Made To Abitibi Or ABTco: You should check this box if you previously made any kind of warranty claim to Abitibi or ABTco for your siding. For each previous claim, provide the approximate date the claim was filed. Provide the claim number. Also, state whether you received a settlement payment for the previous warranty claim, and if so, state the amount of that payment. If you did not previously make a claim, skip these Prior Claim questions and proceed to "Other Payments or Compensation" below.

**H. Other Payments Or Compensation:** Provide information regarding any payment you may have received for damage, repairs, replacements or previous claims regarding the Abitibi/ABTco Siding from any other source, including builders, developers, contractors, manufacturers, or insurers. For each payment, identify the source of the payment and the amount of money that you received.

**I. Tax Information:** We need this information to comply with IRS reporting requirements. Failure to provide this information will delay the processing of your claim and any related payment. You *must* respond to each of the questions in this section.

1. If you answered "No" to ALL of these questions: You may proceed to the next section.
2. If you answered "Yes" to ANY of these questions: Please provide your Taxpayer Identification Number (TIN) in the space provided. For individuals, this will be your Social Security Number. For other entities, it is your Taxpayer Identification Number. If you have applied for, but have not received, a TIN or EIN, write "Applied For" in the space provided.

**J. Directions To Property:** Please provide directions to the Property from the nearest Interstate.

**K. Assistance With This Claim Form:** If anyone helped you prepare this claim form, please provide that person's name, relationship or Title, address, and phone number in the space provided.

**Signatures(s):** All owners or their legal representative must sign and date the claim form. If you are signing on behalf of another party (such as a homeowners' association), attach proof of authority or power of attorney.

**If you have any questions, you can call the Abitibi/ABTco Customer Support Office at 1-800-549-4465.**