

CLAIM FORM

The Abitibi/ABTco Siding Claims Program

MOBILE HOMES

Fill Out This Form If You Are Making A Claim For Siding On A Mobile Home. (You may also use this form if you are submitting a claim for a manufactured home that has panel siding. By submitting your claim using this form, you are choosing to have your structure evaluated as a mobile home.)

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 Decking Claims
1610 West End Ave. Suite 200
Nashville, TN 37203

If you have questions, please call 1-800-549-4465, or visit the website at www.abtcoclaims.com.

CLAIM FOR SIDING ON A MOBILE HOME

Instructions Are Attached To This Claim Form

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

Name

Daytime Phone Evening Phone

Mailing Address

City State Zip

Name

Daytime Phone Evening Phone

Mailing Address

City State Zip

Name

Daytime Phone Evening Phone

Mailing Address

City State Zip

Current Address Where the Mobile Home is Located:
(If Different From Above)
Do NOT Use a PO Box

Street Address

City State Zip

B. Questions About Your Mobile Home:
(See Paragraph B of the Instructions)

Check the box that applies to your structure:

When I purchased this structure, it was:

- NEW
- PREVIOUSLY OWNED

I am currently posting, listing, or advertising the Mobile Home for sale and have attached the posting, listing agreement or advertisement.

I am currently experiencing water intrusion into my Mobile Home and have attached any contracts or estimates for repair work.

C. Proof of Mobile Home 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 Manufacture of Your Mobile Home:

_____/_____
Month Year

Length of Mobile Home _____ Width _____

(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. Prior Claims:

(See Paragraph F of the Instructions)

Check here if you previously made a claim to Abitibi or ABTco and follow the directions in Paragraph F of the instructions.

Warranty Claim Number: _____ Date: _____

Amount of Payment: _____

G. Other Payments or Compensation:

(See Paragraph G 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

H. Tax Information:

(See Paragraph H 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 Tax Identification Number for all owners in the spaces below. This information will remain confidential.

Social Security Number OR _____
Taxpayer Identification Number

Social Security Number OR _____
Taxpayer Identification Number

I. Directions To Property:

(See Paragraph I of 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.

J. Assistance With This Claim Form:
(See Paragraph J 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 Decking Claims 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 Mobile 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 mobile home 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 Decking Claims 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 Decking Claims
 1610 West End Ave., Suite 200
 Nashville, TN 37203**

HOW TO COMPLETE A CLAIM FOR SIDING ON A MOBILE HOME

ATTACHMENT CHECKLIST :

- Proof of Property Ownership
- Proof of Abitibi/ABTco siding

- A. Name of Property Owner(s)/Claimant(s):** Include all co-owners/claimants for the mobile 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 Mobile Home:** If you are currently offering your mobile 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.

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 Mobile Home Ownership:** You must include valid proof that you are the owner of the mobile home or of the claim. This proof may consist of the current vehicle registration or a title document containing the vehicle identification number (VIN).

If this claim relates to a manufactured home that does not have a vehicle registration or VIN, you will have to provide other proof of ownership such as a **property deed and one of the following documents** with a current date: current tax bill, tax report, title insurance declaration page, homeowner's insurance bill, declaration page from a policy of property insurance, mortgage statement, or utility bill which includes 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 a siding product made by another 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 claims 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.

- E. Date of Manufacture of Your Mobile Home or the year the siding was installed.** Also, give dimensions (length and width) of your mobile home.

F. 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, give 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.

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

G. 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.

H. 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.

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

J. 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 corporation), attach proof of authority or power of attorney.

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