

CLAIM FORM
ZURN PEX F1807 FITTINGS

ATTENTION ZURN PEX F1807 PLUMBING FITTING OWNERS:

Use this Claim Form: If you own or owned real property containing plumbing systems that contain F1807 Fittings and have experienced at least one leak in a Zurn F1807 Fitting or are able to demonstrate by way of a flow test a differential in water flow, resulting from corrosion of one or more F1807 Fittings manufactured and/or sold by Zurn, of more than 50% between the hot and cold lines of one or more system fixtures, unless those systems were not used in compliance with applicable installation and use guidelines and the loss is a result of such non-compliance.

Persons, including insurers, that have paid for the cost of damage or repairs related to an eligible leak caused by a design or manufacturing defect in Zurn F1807 Fittings and having legal standing to pursue such claims are also eligible to submit a claim.

To determine whether you are a class member eligible to make a claim, or for more information regarding the class action settlement or the protocols implementing the claims process, visit www.plumbingfittingsettlement.com.

Please refer to the web site and the Settlement documents for an explanation of the required support documentation that you will need to submit with your claim. If you need more space for your responses, please attach additional sheets.

I. CLAIMANT INFORMATION

Please check the applicable box:

Business or Individual

Full Name:

[20-character grid box]

Business Name:

[20-character grid box]

Social Security Number:

[SSN grid box]

Tax Identification Number:

[TIN grid box]

OR

Current Mailing Address:

[15-character grid box]

City:

[15-character grid box]

State:

[5-character grid box]

Zip Code:

[5-character grid box]

I. CLAIMANT INFORMATION (continued)

Daytime Phone Number:	Evening Phone Number:
<input type="text"/>	<input type="text"/>
Cellular Phone Number:	Fax Number:
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	

Please check the applicable box. Are you a:

- 1. Plumber
- 2. Tenant
- 3. Builder
- 4. Homeowner
- 5. Insurer
- 6. Owner of Commercial Property
- 7. Other

Do you consent to receiving correspondence via e-mail: Yes No

II. DESCRIPTION OF PROPERTY WHERE THE LEAK OR REDUCED FLOW OCCURRED

(Please fill out a separate claim form for each leak/re-plumb/or system with reduced flow.)

A. PROPERTY ADDRESS (Do not use a post office box)

Property Address:			
<input type="text"/>			
City:	State:	Zip Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

B. PROPERTY OWNERSHIP

1. If you are an insurer making a subrogation claim or a plumber or other entity claiming for amounts you paid due to leaks or reduced flow at the properties of others, please answer the following questions:
(You must provide documentation and evidence of payment in order for your claim to be complete).

What is the name and contact information for your insured or person for whom you paid a claim?

Full Name:		
<input type="text"/>		
Current Mailing Address:		
<input type="text"/>		
City:	State:	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the name and contact information for your insured or person for whom you paid a claim? *(continued)*

Daytime Phone Number: - -

Evening Phone Number: - -

Fax Number: - -

Email:

C. PROPERTY TYPE

If the property is a single family dwelling, estimate the square feet of floor space:

If the property is a multi-unit dwelling, estimate:

(1) the square feet of floor space in the unit that experienced the leak or occlusion that is the subject of this claim:

and

(2) the square feet of floor space in the building as a whole:

D. INSTALLATION INFORMATION

1. Who was the builder of your structure with F1807 Fittings? Check here if you don't know.

Name:

Address:

City: State: Zip Code:

Phone Number: - -

2. Who installed the F1807 Fittings? Check here if you don't know.

Name:

Address:

City: State: Zip Code:

Phone Number: - -

3. Installation date:

MM	

-

DD	

-

YYYY			

- Installed when structure was originally built.
- Installed after original construction of the structure.
- Don't know.

E. HOMEOWNERS INSURANCE

If you are claiming as a homeowner, identify the name and policy number of your homeowners insurance in effect at the time of your leak or reduced water flow:

Name of homeowners insurance:

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Policy number:

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III. IDENTIFICATION AND INSTALLATION OF ZURN PEX F1807 FITTINGS

A. DESCRIPTION OF ZURN PEX F1807 FITTINGS

Do not submit a claim unless you have or had the F1807 Fittings in your structure. You can access photos and a description of the F1807 Fittings at www.plumbingfittingsettlement.com. The F1807 Fittings were used for a variety of applications including, without limitation, hot and cold water distribution in plumbing applications in homes, residences, buildings or other structures. Zurn Pex F1807 Fittings are secured to the pipe by copper crimp rings or stainless steel clamps. Fittings subject to this settlement are stamped QPEX. They may also have other stampings such as F1807 or F877, but QPEX is what identifies the fittings subject to this settlement. **NOTE: The fittings at issue in this settlement, Zurn Pex F1807 Fittings, are no longer on the market and were sold between 1996 and 2010 (2007 in Minnesota). Zurn Pex fittings currently sold (DZR brass, ECO brass or polymer fittings) are not the subject of this settlement.**

PROOF OF ZURN PEX F1807 FITTINGS INSTALLATION

How have you determined that your structure contains F1807 Fittings? (Check all that apply.)

- Failed Fitting
- Inspection report
- Bills of sale, purchase orders
- Builder or plumbing records
- Correspondence identifying Zurn Pex F1807 Fittings in the property
- Report from plumber, engineer, architect or home inspector identifying Zurn Pex F1807 Fittings in the property
- Builder, plumber or contractor letter stating upon personal knowledge that Zurn Pex F1807 Fittings were used in the property
- Photographs
- Other documentation (describe): _____

Enclosures Required: For each document you checked above, please enclose a copy (not an original) with this completed form. Also enclose all fittings that have failed, if any.

If No, what was the ultimate resolution of the claim(s)? _____

VI. SETTLEMENTS

Have you entered into any oral or written settlement of the claims identified above, or received the benefit of any payments to you or on your behalf as a result of those claims? Yes No

If Yes, state the date and amount of settlement:

Date of Settlement Amount of Settlement
[] [] - [] [] - [] [] [] [] \$ [] [] [] [] [] [] . [] []
MM DD YYYY

If Yes, please attach a copy of the Release or Settlement Agreement, if any.

VII. ADDITIONAL INFORMATION

If you have any additional information which you would like us to consider in evaluating your claim, please attach that information as a separate document.

VIII. CERTIFICATION

All the information that I/we supplied in this Claim Form is true and correct to the best of my/our knowledge and belief and this document is signed under penalties of perjury.

Signature of Claimant

Date [] [] - [] [] - [] []
MM DD YY

THIS FORM WILL BE USED BY THE FIRM ADMINISTERING THIS SETTLEMENT TO DETERMINE YOUR ELIGIBILITY TO RECOVER UNDER THIS SETTLEMENT AND TO DETERMINE THE VALUE, IF ANY, OF YOUR SETTLEMENT RECOVERY.