Zurn Pex Claims Administrator PO Box 3266 Portland, OR 97208-3266

### **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:
Business Name:
Social Security Number: Tax Identification Number:
- OR - OR
Current Mailing Address:
City: State: Zip Code:

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**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.



### IV. DESCRIPTION OF LOSS

(If alleging more than one leak or occlusion, you must submit a claim form for each leak or occlusion for which you are seeking damages.)

# A. Fitting Leak If you allege one or more F1807 Fittings have leaked in your PEX system, please answer the following questions: 1. Identify your date of leak: MM DD How many F1807 Fittings do you allege leaked? 3. Have you replaced the F1807 Fitting(s) that is/are the subject of the leak? Yes No Have you repaired any alleged damage to your property as a result of the leak? Yes No If Yes, describe the repairs: For any work described above, please state the amount paid out-of-pocket by you: \$ (you must submit invoice(s) and proof of payment for repairs) 6. Have you been reimbursed for any replacement/repair costs from your insurance company or any other third party? Yes No If Yes, state: Reimbursement Amount Source of Reimbursement Do you currently have damage caused by F1807 Fittings that has not been repaired or replaced? Yes No If Yes, describe: \_\_\_\_\_

For replacement/repair that you assert still needs to be done, please provide documentation (i.e., repair estimates, bids, etc.) that document the cost estimates associated with the repair or replacement.

## B. RE-PLUMB CLAIMS

	Please fill this out if you are seeking a re-plumb.
1.	How many fittings do you allege leaked?
<ol> <li>3.</li> </ol>	What is the square footage of the property where the re-plumb is being requested?  If the property is less than 20,000 sq. feet, has the property had at least two different leaks?  Yes No  Please submit proof of leaks, if any.
4.	If the property is more than 20,000, has it had 5 or more leaks?
	Please submit proof of leaks, if any.
5.	Have you re-plumbed your property as a result of the leak?
	If Yes, describe the repairs:
6.	For any work described above, please state the amount paid out-of-pocket by you: \$ (you must submit invoice(s) and proof of payment for repairs)
7.	Have you been reimbursed for any replacement/repair costs from your insurance company or any other third party? Yes No  If Yes, state:
	Reimbursement Amount  \$
C.	OCCLUSION/REDUCTION IN FLOW
If y pip	you allege you are suffering a reduction in water pressure or water flow which you claim to be due to blockage of e resulting from corrosion of F1807 Fittings, please answer the following questions:
1.	Describe in detail the reduction in pressure/flow you are experiencing and how it was determined:
2.	Have you done repair work to fix this reduction in pressure/flow?
	If Yes, was the repair successful?

3.	Describe the date, nature and extent of work performed.
	Date of repair:
	Nature and extent of repair:
4.	For any work described above, please state the amount paid out-of-pocket by you: \$
5.	Have you been reimbursed for any replacement/repair costs from your insurance company or any other third party?  Yes No
	If Yes, state:  Reimbursement Amount  \$
6.	Do you currently have occlusion or reduction in pressure/flow that has not been repaired?
V.	CLAIM HISTORY
1.	Other than the leak which is the subject of this claim, have you ever experienced a leak involving F1807 fittings?
	Yes No
2.	If yes, how many leaks have you experienced?
3.	Have you ever submitted a claim for any of those leaks to a third party?   Yes   No
	If Yes, answer the following:
•	How many prior claims have you made relating to your Zurn PEX F1807 Fittings?
•	To whom was any prior claim made?
•	Have you been paid for your damage alleged in any prior claim?  Yes No If Yes, by who and how much?
	By who?
	How much? \$

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  Amount of Settlement
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.
Date YY
Signature of Claimant

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.