

CLAIM FORM
NEW CAL-SHAKE ROOFING
(Cal-Shake Shakes Manufactured Between February 1, 1986 and March 31, 1995)

I. CLAIMANT AND PROPERTY INFORMATION

Cal-Shake Property Address: _____
Street City State Zip

County No. Of Stories.

H.O.A. Yes No; If Yes, # of units: _____

Name of Claimant: _____
(Individual, husband & wife, joint tenancy, trust) *please include the names of all owners of the property

Mailing Address of Claimant: _____
(if different) Street City State Zip

Telephone Number: _____
Day Evening

Fax Number: _____

E-mail: _____

Are you the current owner of the property listed above? Yes No

Name of Current Property Owner: _____
(If "no")

Are you the current resident of the property listed above? Yes No

Current Resident: _____
(If "no")

II. PROOF OF OWNERSHIP

If you are the current owner of the Cal-Shake Property, please provide **ONE** of the following documents as proof of ownership of the Property. Please do not send originals.

_____ A copy of the Property Tax Statement for the current year;

_____ A copy of the Deed;

_____ A copy of the current mortgage statement;

_____ A copy of the current home insurance statement.

III. CAL-SHAKE ROOFING INFORMATION

If known, please state the date Cal-Shake roof was installed: _____
Month/Day/Year

Please provide one or more of the following items as proof that the roof is or was a Cal-Shake roof. Please do not send originals.

____ Building Permit for installation of roof;

____ Invoice - The contract or invoice indicating purchase or installation of Cal-Shake roof;

____ Warranty Card - A copy of a completed Cal-Shake warranty card;

____ Photographs/Video - Photographs or video depicting the Cal-Shake product on your roof;

____ Other evidence that the product on your roof is or was Cal-Shake. Please explain.

IV. HISTORY OF THE CAL-SHAKE ROOF

Has the Cal-Shake roof on this property been replaced?

Yes No

If Yes, when (if known)? _____

Whether or not your Cal-Shake roof has been replaced, has the Cal-Shake roof on this property had a leak?

Yes No I Don't Know

If Yes, to the best of your knowledge, was the leak caused by the Cal-Shake material?

Yes No I Don't Know

If available, please attach photographs of leaks.

V. OTHER PAYMENTS OR REIMBURSEMENTS

Have you, or, to your knowledge, has any other owner of the Property ever received any payments or reimbursements from anyone (e.g. insurer, distributor, roofer) for the cost of replacement of Cal-Shake Shakes on the property?

Yes No

If No, go to section VI.

If Yes, please state:

- Total amount of payment (s) or reimbursement(s): \$ _____
- Source of the payment(s) or reimbursement(s): _____
- If available, please attach copies of documentation showing the amount of the payment(s) and/or reimbursement(s).

VI. TAX INFORMATION

Awards, if any, cannot be paid without the Claims Administrator’s receipt of the tax information requested below. The information is requested to allow the Claims Administrator to comply with the Internal Revenue Service Information reporting requirements when, and if, required.

Question 1: Are you a FORMER owner of the property for which you are filing this claim form?

Yes No

Question 2: Have you previously deducted (or will you deduct in the future) on your federal income tax returns(s) the original cost of buying and installing Cal Shake roofing?

Yes No

Question 3: If you previously repaired/replaced your Cal-Shake Shakes, have you previously deducted (or will you deduct in the future) on your federal income tax return(s) any of the repair/replacement cost?

Yes No

Tax Identification Number or Social Security Number: _____
(If you do not have a TIN or SSN, write "Applied For")

By signing this Claim Form, I certify under penalty of perjury that:

- (1) the taxpayer identification number set forth in Section VI is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and that the information set forth in Section VI is correct; and
- (2) I am not subject to backup withholding because; (a) I am exempt from backup withholding , or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

VII. CERTIFICATION

By signing this Claim Form, I certify under penalty of perjury that:

- 1. The information provided in this form is true to the best of my knowledge, information and belief.
- 2. The Claim described in this form was not settled, adjudicated, dismissed with prejudice, released or assigned in connection with a prior lawsuit or warranty claim.
- 3. I authorize a Court Appointed Inspector to inspect the Cal-Shake roofing on the property at a time to be agreed upon.

Signature of Claimant

Date

Mail this completed, ORIGINAL Claim Form with the requested attachments to:
New Cal-Shake Settlement Administrator
P.O. Box 38309
Sacramento, CA 95838