

## **SUBSEQUENT CLAIM FORM**

The Abitibi/ABTco Siding Claims Program

### **HOMES BUILT ON SITE**

(Structure other than mobile homes)

**Fill Out This Form If You Are Submitting A Second Claim For Siding On The Same Structure With Abitibi/ABTco Siding That Is Not A Mobile Home.** (You may use the Mobile Home 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 non-mobile home.)

Under the Class Action Settlement approved by the Court, claimants must complete and file this claim form in order to be eligible for compensation under the ABTco Siding Claims Program. The siding must be on the structure and available to be inspected by a third-party inspector.

The Siding Claims Program only applies to ABTco, Abitibi and Abitibi-Price hardboard siding.

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 with ABTco will be evaluated and determined on the basis of the information, enclosures and other documents required by this form. Additionally, the Abitibi/ABTco Customer Support Office may contact you to arrange for an on-site inspection of the structure and the siding.

Please review the contents of this claim form packet, which should include all the following: (1) a four-page claim form; (2) two pages of attached instructions; and (3) one pre-addressed mailing envelope.

**You may only file a claim if (i) you are a current or former owner of a structure on which Abitibi/ABTco Hardboard Siding (the “Siding”) was installed; (ii) you are not otherwise excluded from the proposed Settlement; and (iii) you otherwise qualify to receive compensation, as further described in the Long Form Notice Of Settlement of Class Action (the “Notice”). Please refer to the Notice for further details.**

Mail the completed claim form packet, which includes: (1) the signed original claim form, and (2) all required documentation. The pre-addressed mailing envelope, enclosed for your convenience, should be mailed to:

Abitibi/ABTco Customer Support Office  
P.O. Box 1189  
Alpharetta, GA 30009-9998

**CIRCUIT COURT OF CHOCTAW COUNTY, ALABAMA  
SUBSEQUENT CLAIM FORM**

**FOSTER, et al. vs. ABTco, Inc. et al.**  
Instructions Are Attached To This Claim Form

**CLAIM FOR SIDING ON A HOME BUILT ON SITE  
(FOR NON-MOBILE HOMES WITH ABITIBI/ABTCO HARDBOARD SIDING)**

**Ownership Status of Claimant:**

**Check the appropriate box:**

- I am the current owner of the home.
- I am the former owner of the home, and the claim has been assigned to me.

**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)

\_\_\_\_\_  
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

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

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

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



**F. Abitibi/ABTco Class Action Claims:**

*(See Paragraph F of the Instructions)*

Check here if you previously made a claim to Abitibi or ABTco. *(See Paragraph F1 of the Instructions)*

(1) Claim Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

(2) Claim Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

(3) Claim Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

Check here if this claim involves a DIFFERENT STRUCTURE than your Prior Claim(s). *(See Paragraph F2 of the Instructions)*

Check here if this claim covers damage located on any of the same pieces of siding as your Prior Claim(s). Describe how this claim differs from your Prior Claim(s). *(See Paragraph F3 of the Instructions)*

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

**G. Other Payment(s) or Compensation:**

*(See Paragraph G of the Instructions)*

Check here if you have received compensation or payment(s) for damage, repair, or replacement of the siding.

\_\_\_\_\_  
Money Received

\_\_\_\_\_  
Sources of Money Received 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

\_\_\_\_\_  
Social Security Number OR \_\_\_\_\_  
Employer Identification Number

\_\_\_\_\_  
Social Security Number OR \_\_\_\_\_  
Employer Identification Number

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

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 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

**K. ALL CLAIMANTS MUST SIGN THE FOLLOWING OATH AND CERTIFICATION**

I certify under penalty of perjury 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 covered by this claim, or if I do not replace the siding, I agree to disclose to subsequent purchasers of the property 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  
P.O. Box 1189  
Alpharetta, GA 30009-9998

## HOW TO FILL OUT A CLAIM FOR DAMAGED SIDING ON A HOME CONSTRUCTED ON SITE

### ATTACHMENT CHECKLIST :

- \_\_\_\_\_ Proof of Property Ownership consisting of:
- \* Property Deed (If you are a NEW owner of the home and have never filed a claim before)
  - \* Current Proof of Ownership (*See Paragraph C For Instructions*)

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

NOTE: If claimant is other than the owner/co-owner of the home, state the name and capacity of the person completing this claim form (i.e. Trustee, Officer, Partner, etc.) above the word "Title/Relationship".

**B. Questions About Your Home:** 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 (i.e. "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 include valid proof that you are, or were, the owner of the structure, or of the claim. You must provide a copy of the Property Deed with the address of the Property showing you as the Property Owner ONLY if you are a New Property Owner AND have never filed a claim before. In addition, please include one of the following:

**If you have already filed a claim with Abitibi/ABTco,** please provide one of the following documents with a current date:

1. A current tax bill;
2. A current tax report;
3. A current utility bill showing the property address;
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 title insurance declaration page.

NOTE: If you are a current owner of the property who holds an assignment of claim, you *must* also enclose a copy of your written assignment of the claim.

**D. Description of Damage to Abitibi/ABTco Siding as it appears on the structure.**

**E. Painting History:** Please provide the month and year for each date that each Structure was repainted **since your last Claim was filed**, OR if you are New Owner, since you have owned the home.

**F. Prior Abitibi/ABTco Class Action Claim(s):**

1. Previous Claim(s) Made To Abitibi Or ABTco under the Class Action Lawsuit: You should check this box if you previously made any kind of claim to Abitibi or ABTco for your siding under the Class Action Lawsuit. For each previous claim, provide the claim number, the settlement amount, and give the approximate date of the payment(s). If you did not previously make a claim, skip these Prior Abitibi/ABTco Class Action Claim(s) questions and proceed to “Other Payments or Compensation” below.
2. The Home Covered By Your Previous Claim: You should check this box if the house covered by this claim is NOT the same house covered by any previous claim.
3. The Siding Pieces Covered By Your Previous Claim: You should check this box if you previously made a claim of any kind to Abitibi or ABTco for damage on the same pieces of siding that have incurred additional damage covered by this claim. If additional damage has been incurred, you must explain why this claim differs from your previous claim.

**G. Other Payment(s) Or Compensation:** Provide information regarding any payment you may have received for damage, repairs, replacements or previous claim(s) 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 “Oath and Certification”.
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 Employer Identification Number (EIN). If you have applied for, but have not received, a TIN or EIN, write “Applied For” in the space provided.

NOTE: The amount of any recovery you receive must be reported to the Internal Revenue Service on the Form 1099 MISC.

**I. Directions To Property:** Please provide directions to the Property from the nearest Interstate. We cannot accept maps.

**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.

**K. 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.*