

FLUSHMATE CLASS ACTION SETTLEMENT PROPERTY DAMAGE CLAIM FORM

To receive a payment for Property Damage, you must complete this Property Damage Claim Form and submit it by **December 31, 2020**. Forms may be submitted online, or by e-mail, U.S. Mail or facsimile at the addresses listed at the end of this form.

A. CLAIMANT AND PROPERTY INFORMATION

Name of Claimant: _____

Property Address: _____

Street City State Zip

Current Mailing Address: _____

(If different from above) Street City State Zip

Telephone: _____

Day Evening

E-Mail: _____

Customer ID Number (optional): _____

(Your Customer ID Number is listed above your address on the postcard notice that you may have received regarding this class action settlement.)

B. CLAIM DESCRIPTION

Date of Leak or Burst (if known): _____

Flushmate Serial Number _____ - F ____ - _____

Amount of Property Damage Claimed: \$ _____

If you have or had unreimbursed direct Property Damage resulting from a Leak or Burst of a Series 503 Flushmate III Pressure-Assist Flushing System manufactured from October 14, 1997 through April 30, 2011 (“Flushmate System”) (as those terms are defined in the Class Action Settlement Agreements available at www.FlushmateClaims.com), please provide the following information:

1. Proof of Ownership of the Property at the address you list above.
2. Proof that the Flushmate System Leaked or Burst, such as color photographs, video, or a sworn declaration from a plumbing contractor.
3. Proof of the amount of all labor charges and out-of-pocket expenses incurred for materials used to repair any Property Damage caused by a Flushmate System that has Leaked or Burst, such as:

FLUSHMATE CLASS ACTION SETTLEMENT PROPERTY DAMAGE CLAIM FORM

- a. Copies of detailed invoices and proof of the amount of payment for the labor and materials for such repairs, such as cancelled checks or credit card statements.
- b. A copy of the final accepted bid and scope of work completed for the repairs.
- c. A sworn declaration from a contractor that the repairs were made, with details about the extent and costs of those repairs.
- d. Copies of building permits or fees paid to any government entity relating to the repairs made, if any.
- e. Any additional documentation that may help the Claims Administrator determine the accuracy of your claim.

PLEASE DO NOT SEND ORIGINALS

C. OTHER PAYMENTS OR REIMBURSEMENTS FOR PROPERTY DAMAGE

Have you or any other owner of the Property ever received any payment or reimbursement from anyone (*e.g.*, Flushmate, insurer, manufacturer, distributor, supplier, contractor or installer) for the cost of repair of the Property Damage caused by a Leak or Burst of the Flushmate System on the Property? Yes No

If yes, please indicate:

Total amount of payment(s) or reimbursement(s): \$_____

Source of the payment(s) or reimbursement(s):_____

Please attach copies of documentation showing the amount of the payment(s) and/or reimbursement(s). These payments may be treated as an offset to payments to which you may otherwise be entitled under the terms of the Settlement.

D. CERTIFICATION

I/we declare, under penalty of perjury under the laws of the United States of America, that the information set forth in, and submitted with, this Claim Form is true and correct to the best of my/our knowledge and belief. I/we authorize the Claims Administrator to contact anyone else who may have supplied information or documentation concerning this claim, such as contractors, material suppliers, or those who have submitted sworn declarations.

All Claimants indicated on your proof of property ownership should sign.

Signature of Claimant

Date

FLUSHMATE CLASS ACTION SETTLEMENT PROPERTY DAMAGE CLAIM FORM

Signature of Claimant

Date

Signature of Claimant

Date

Submit this completed Property Damage Claim Form with the requested attachments using one of the following methods:

By Mail: Flushmate Claims Administrator
P.O. Box 1272
Lancaster, CA 93584

By Internet: www.FlushmateClaims.com

By E-mail: CSR@flushmateclaims.com

By Facsimile: (661) 951-0978

If you have any questions, please call 1-877-412-5277 or visit www.FlushmateClaims.com.