

NIBCO PEX Settlement Administrator
PO BOX 58086
1500 JFK Blvd, Suite C31
Philadelphia, PA 19102

**PEX
Instructions**

**Claim Form Instructions
for Settlement Class Members**

ATTENTION: NIBCO PEX CLASS ACTION SETTLEMENT CLASS MEMBERS:

Use this Claim Form if: (a) you owned or occupied real property containing plumbing systems that contain NIBCO 1006 Tubing (“Tubing”), NIBCO F1807 Fittings (“Fittings”), and/or NIBCO Stainless Steel Clamps (“Clamps”)¹ and have experienced at least one leak from the Tubing, Fittings, and/or Clamps that resulted in a physical escape of water causing damage; and/or (b) you paid for repairs or damages resulting from a Qualifying Leak from NIBCO Tubing, Fittings, or Clamps.

A physical escape of water that is the result of penetration by a foreign object and/or certain installation issues is not eligible for a remedy. The Settlement Agreement defines these exclusions at Paragraph 1.ff.iv. To determine whether you are eligible to submit a Claim Form, or for more information regarding the Settlement, visit the Settlement Website, www.pexsystemsettlement.com. If you need more space for your responses, please attach additional sheets.

Claim Form Deadline.

Claim Forms can be submitted starting immediately. Claim Forms are due 150 days after the Effective Date for Qualifying Leak(s) that occurred between January 1, 2005 and the Effective Date. Claim Forms are due 150 days after the Qualifying Leak occurs if the Qualifying Leak occurs after the Effective Date and before the end of the six year Claim Period. The Effective Date will be posted on the Settlement Website once known.

How To Complete This Claim Form.

1. All questions must be answered. Please type or print your responses in ink. Use “N/A” when the question does not apply. You must respond to any request by the Settlement Administrator for additional information. If you fail to respond, your claim may not be processed and you may waive your rights to receive a monetary award under the Settlement.
2. Please keep a copy of your submitted Claim Form and all supporting materials. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. All copies of documentation submitted in support of your claim should be clear, legible and complete.
3. There are three ways to submit your Claim Form and supporting materials: (a) by mail; (b) by email to the following email address: info@pexsystemsettlement.com; or (c) via the Settlement Website, www.pexsystemsettlement.com.
4. If you are mailing your Claim Form and supporting materials, please include the completed Claim Form and all supporting materials in one envelope and send to the following address:

PEX System Settlement
ATTN: CLAIMS
PO BOX 58086
1500 JFK Blvd, Suite C31
Philadelphia, PA 19102

If you have any questions, please contact the Settlement Administrator by email at info@pexsystemsettlement.com or by telephone at 1-855-649-5968, or write to the address above.

It is your responsibility to notify the Settlement Administrator of any change of address that occurs after you submit your Claim.

¹The definition of any capitalized term not defined herein can be found in the Settlement Agreement which can be downloaded at the Settlement Website: www.pexsystemsettlement.com.

What to expect after you submit your Claim Form.

1. Please note that no acknowledgment will be made of the receipt of a Claim Form. If you wish to be assured that your Claim Form and documentation were received by the Settlement Administrator, please use a shipping method that provides delivery confirmation.
2. Please note that it will take several months for the Settlement Administrator to process your Claim Form. This work will be completed as quickly as possible given the need to investigate and evaluate each Claim Form.
3. The Settlement Administrator will evaluate all of the information and documentation that you submit in order to determine your eligibility for monetary benefits under the Settlement, and will contact you to request additional information if the information you provided is insufficient to process your claim.

**For Internal Use
Only**

NIBCO PEX Claims Administrator
PO BOX 58086
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Philadelphia, PA 19102

PEX

I. CLAIMANT CONTACT INFORMATION/MAILING ADDRESS

Provide your name and contact information below. It is your responsibility to notify the Claims Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Work Phone

Email Address

**Please enter your
Notice ID #**

if you received a Notice by mail or email.

Please place a check in the applicable box. Are you a:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1. Plumber | <input type="checkbox"/> 5. Insurer |
| <input type="checkbox"/> 2. Tenant | <input type="checkbox"/> 6. Owner of Commercial or Rental Property |
| <input type="checkbox"/> 3. Builder | <input type="checkbox"/> 7. Other: _____ |
| <input type="checkbox"/> 4. Homeowner | |

If Making a Claim for a Business or Entity, Identify the Name of Business or Entity: _____

Name of person making a claim on behalf of Business or Entity: _____

Position or Title: _____

II. DESCRIPTION OF PROPERTY WHERE THE QUALIFYING LEAK(S) OCCURRED

A. PROPERTY ADDRESS (Do not use a post office box – please enter street address)

Property Street Address:

City:

State:

Zip Code:

B. PROPERTY OWNERSHIP

1. Name of Property Owner: _____

Name of Additional Property Owner (if applicable): _____

Name of Additional Property Owner (if applicable): _____

LIST ALL PROPERTY OWNERS. If there are additional owners, please attached a list which each additional owner's full name.

2. Are you the current owner of the property? ___ YES ___ NO

If not, what dates did you own the property? _____

3. If an insurance claim was made concerning the Qualifying Leak(s), state the Claim Number and insurance company:

4. If you are a builder, contractor, distributor, seller, subrogated insurance carrier, or other Person who has claims for contribution, indemnity or otherwise for amounts you paid due to leaks 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: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

C. PROPERTY TYPE

Please place a check mark next to the property type for which you are submitting a claim:

- 1. Single Family Dwelling _____
- 2. Multi-Unit Dwelling _____
- 3. Commercial Property _____

If the property is a multi-unit dwelling, estimate the number of units with PEX Tubing, Fittings, and/or Clamps: _____

D. INSTALLATION INFORMATION

- 1. Who was the builder of your structure with Tubing, Fittings, and/or Clamps?

_____ Check here if you don't know.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

- 2. Who installed the Tubing, Fittings, and/or Clamps? _____ Check here if you don't know.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

- 3. Estimated 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 Qualifying Leak:

Name of homeowners insurance: _____

Policy number: _____

III. IDENTIFICATION AND INSTALLATION OF TUBING, FITTINGS, and CLAMPS

A. DESCRIPTION OF NIBCO PEX TUBING, FITTINGS, and/or CLAMPS

Do not submit a Claim Form unless you have or had the Tubing, Fittings, and/or Clamps in your structure. You can access photos and a description of these products at www.pexsystemsettlement.com. The Tubing, Fittings, and Clamps 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. **Please note that the Tubing, Fittings, and Clamps at issue in this Settlement are likely no longer on the market. The Tubing was sold between 2005 and approximately 2013. The Fittings were sold between 2005 and approximately 2015. The Clamps were sold between August 2005 and approximately August 2015.**

B. PROOF OF A COVERED PRODUCT

How have you determined that your structure contains Tubing, Fittings, or Clamps? (Check all that apply.)

- Leaked Tubing
- Leaked Fitting
- Leaked Clamp
- Inspection report
- Bills of sale, purchase orders
- Builder or plumbing records
- Correspondence identifying Tubing, Fittings, and/or Clamps in the property
- Report from plumber, engineer, architect or home inspector identifying Tubing, Fittings, and/or Clamps in the property.
- Builder, plumber or contractor letter stating upon personal knowledge that Tubing, Fittings, and/or Clamps 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, for a Future Property Damage Claim, please enclose the section(s) of Tubing, any Fitting, and/or any Clamp that leaked, if any. If you do not have the leaked Tubing, Fitting, and/or Clamp, please explain why below:

IV. DESCRIPTION OF LOSS

A. Tubing Leak

1. Approximate length of Tubing you allege leaked? _____
2. Have you replaced the Tubing that is/are the subject of the leak? ____ Yes ____ No
3. Approximate length of Tubing replaced: _____
4. Have you repaired any alleged damage to your property as a result of the leak?
____ Yes ____ No

If Yes, describe the repairs and damage (if multiple leaks describe repairs/damages by leak): _____

5. List the approximate date that each alleged Qualifying Leak occurred and the unreimbursed amount that you spent on damages or repairing the leak:

Date: ____/____/____ Amount Paid Out-of-Pocket by You: \$ _____

Date: ____/____/____ Amount Paid Out-of-Pocket by You: \$ _____

List additional leaks on another page, if needed.

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: _____

7. Do you currently have damage caused by any Tubing that has not been repaired or replaced?
____ Yes ____ No

If Yes, describe: _____

For replacement/repair that you assert has not been completed, you must provide documentation (i.e., repair estimates, bids, etc.) that document the cost estimates for the repair or replacement.

8. Do you have any Tubing that has experienced a leak on or after the Effective Date?
____ Yes ____ No

If yes, then please provide either the failed component or reason why the Tubing is not available for submission.

If providing failed Tubing, check here ____.

If not providing failed Tubing, please explain the reason as to why not here:

B. Fitting Leak

If you allege that one or more Fittings have leaked, please answer the following questions:

1. How many Fitting(s) do you alleged leaked? _____
 2. Have you replaced the Fitting(s) that is/are the subject of the leak? Yes No
 3. How many Fitting(s) have you replaced? _____
 4. Have you repaired any alleged damage to your property as a result of the leak? Yes No
 5. If Yes, describe the repairs (if multiple leaks describe repairs by leak): _____
-
-

6. List the date that each leak occurred as the result of a Fitting and the amount spent on damage or repairs by leak:

Date: ___/___/_____ Amount Paid Out-of-Pocket by You: \$ _____

Date: ___/___/_____ Amount Paid Out-of-Pocket by You: \$ _____

Date: ___/___/_____ Amount Paid Out-of-Pocket by You: \$ _____

List additional leaks on another page, if needed.

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: \$ _____

Source of Reimbursement: _____

8. Do you currently have damage caused by Fitting(s) that has not been repaired or replaced?
 Yes No

If Yes, describe: _____

For replacement/repair that you assert has not been completed, you must provide documentation (i.e., repair estimates, bids, etc.) that documents the cost estimates for the repair or replacement.

9. Do you have any Fitting(s) that have experienced a leak on or after the Effective Date?
 Yes No

If yes, then please provide either the failed Fitting(s) or reason why the component is not available for submission.

If providing failed Fitting(s), check here _____.

If not providing failed Fitting(s), please explain the reason as to why not here:

C. Clamp Leak

If you allege one or more Clamp(s) have leaked, please answer the following questions:

1. How many Clamp(s) do you allege leaked? _____
2. Have you replaced the Clamp(s) that is/are the subject of the leak? _____ Yes _____ No
3. How many Clamp(s) have you replaced? _____
4. Have you repaired any alleged damage to your property as a result of the leak?
_____ Yes _____ No

If Yes, describe the repairs (if multiple leaks describe repairs by leak): _____

5. List the date each leak occurred and the amount spent on damage or repairs by leak:

Date: _____/_____/_____ Amount Paid Out-of-Pocket by You: \$ _____

Date: _____/_____/_____ Amount Paid Out-of-Pocket by You: \$ _____

List additional leaks on another page, if needed.

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: _____

7. Do you currently have damage caused by Clamp(s) that has not been repaired or replaced?
_____ Yes _____ No

If Yes, describe: _____

For replacement/repair that you assert has not been completed, you must provide documentation (i.e., repair estimates, bids, etc.) that document the cost estimates for the repair or replacement.

8. Do you have any Clamp(s) that have experienced a leak on or after the Effective Date?

_____ Yes _____ No

If yes, then please provide either the failed component or reason why the Clamp(s) are not available for submission.

If providing failed Clamp(s), check here _____.

If not providing failed Clamp(s), please explain the reason as to why not here:

V. RE-PLUMB CLAIMS

Please fill out this section only if you have experienced three (3) or more Qualifying Leaks and are seeking a re-plumb.

1. Are you requesting a replacement of, or reimbursement for replacement of, the Tubing, Fittings, and/or Clamps in your home or building?

_____ Yes _____ No

2. If the answer to the previous question was "yes", please answer the following:

Has your property had three (3) or more Qualifying Leaks each at separate times?

_____ Yes _____ No

3. Please provide the number of fixtures in your home or building: _____

4. Have you already completely re-plumbed your property as a result of the leak(s)?

_____ Yes _____ No

If Yes, describe: _____

5. 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: _____

Please note that if you are deemed eligible by the Settlement Administrator for a Re-Plumb Claim, you will no longer be eligible to make any Future Property Damage Claims.

VI. WORK AUTHORIZATION

By signing and returning this Claim Form, I accept the terms of the Settlement and authorize the Claims Administrator to schedule inspection, repairs, and/or a re-plumb of the property, as applicable.

VII. 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, identify the other party or parties to the settlement: _____

If Yes, also state the date and amount of settlement:

_____ \$ _____
MM DD YYYY Amount of Settlement

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

VIII. 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.

If you have previously contacted NIBCO about one or more of the leaks identified above, please check here

IX. RELEASE, CERTIFICATION, AND AGREEMENT TO BE BOUND

I/we declare that the information that I/we have supplied in this Claim Form is true and correct to the best of my/our knowledge and belief and that this document is signed pursuant to 28 U.S.C. § 1746 under penalty of perjury. By signing below, I/we hereby certify that I/we have read the Release in Paragraph 34 of the Settlement Agreement and agree to be bound by the Release and the Settlement Agreement.

Signature of Claimant

Date: _____
MM DD YYYY

Signature of Claimant

Date: _____
MM DD YYYY

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

ACCURATE CLAIMS PROCESSING TAKES TIME.

THANK YOU FOR YOUR PATIENCE.

REMINDER CHECKLIST

1. Please check to make sure you have answered all of the questions on the Claim Form.
2. Please sign and date above under penalty of perjury.
3. Remember to enclose copies of all required supporting documentation.
4. Keep a copy of the completed Claim Form and supporting documentation for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please use a form of mailing that will provide you with a return receipt.
6. If you move, or if the Notice of Settlement was sent to you at an old or incorrect address, please provide us with your new address.
7. If you have any questions, contact the Settlement Administrator by calling 1-855-649-5968, by email at info@pexsystemsettlement.com, or by writing to:

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