

Prior Un-Reimbursed Repair Claim Form
(PLEASE PRINT LEGIBLY)

PRIOR UN-REIMBURSED REPAIRS: If you are not making a claim for Prior Un-Reimbursed Repairs, then you do not need to complete this section.

Prior Un-reimbursed Repairs: If you have already replaced your TrimBoard, and you would like to make a claim for the money you spent to make the repairs, please complete this section as well.

Number/Type of Structure(s): Give the number of separate structures. In most cases, this will be one.

Linear Footage of Damaged TrimBoard Repaired: You must state in linear feet the quantity of Damaged TrimBoard that was repaired. In addition, you must attach any evidence you have of the quantity of Damaged TrimBoard at the time of the repair. You will only receive reimbursement for TrimBoard that you can prove was Damaged.

Description of Damage: Describe the damage (i.e. Excessive Swelling, Delamination or Decay) to the TrimBoard and the type/extent of the repair made before you learned of the Settlement.

Date and Dollar Amount of the Repair: Provide the date that the work was completed and the total cost of the repair. You must attach proof of the amount you paid for the work, such as receipts or cancelled checks. Any receipts must be for actual work completed. If you submit a contractor's bid, you must also provide proof that you paid for the work (for example, a cancelled check for the amount of the bid).

Contractor Name/Address: Record the name and address of the contractor. If you did the work yourself, indicate "self-repaired." Note that if you repaired the siding yourself, you can only file for out-of-pocket (actual) expenses and not for your own labor.

Number & Type of Structure(s): _____

I have also included evidence that I owned the home and the TrimBoard at the time the repairs were made.

Linear Footage of Damaged TrimBoard: _____

Linear Feet Repaired

I have also included evidence of the amount of Damaged TrimBoard.

Description of Damage and Repair: _____

Date & Dollar Amount of Repair: _____

Date (month, day, year) of Repair Cost of Repair Actually Paid

I have also included evidence of the date and cost of repairs.

Contractor Name/Address: _____

Knowledge of Settlement Agreement

I attest that repairs to Damaged TrimBoard were made prior to my knowledge of the Settlement.

At the time the repairs were made, were you the legal and beneficial owner of title to the property and the TrimBoard for which you are filing this claim?

Yes: ____ No: ____

I/we certify under penalty of perjury that to the best of my/our knowledge, information, and belief, the information on this ABTco Trimboard Claim Form for Prior Un-reimbursed Repairs is true and correct.

Signature of Property Owner

Date

Signature of Property Co-Owner (If Applicable)

Date