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2) Claimant Contact Information/Mailing Address

Street:

City: State: Zip:

Home Ph: - - Work Ph: - -

Ext:

Mobile Ph: - - Email:

3) Address of Affected Property ("Property Unit") (if different than mailing address)

You must submit separate Claim Forms for each property if you are seeking Settlement Benefits for more than one Property Unit. A PO Box is not an appropriate address; you must list the physical street address.

Street:

City: State: Zip:

Unit type (select one):: ☐ Residential ☐ Commercial

See Section 3 of the Notice or go to www.BCyellowbrasssettlement.com to determine what type of Property Unit you have.

4) Identification of Covered Product(s).

YOU MUST SUBMIT PHOTOGRAPHS OF EACH COVERED PRODUCT, TAKEN WITHIN TEN (10) YEARS OF THE DATE OF MANUFACTURE, WITH THIS CLAIM FORM.

Identify the type and number of Covered Product(s) for which you are submitting this Claim Form:

Product Type	Quantity
Supply Stop	
Water Connector	
Fitting	
Don't Know Type / Other (please identify)	

5) Proof of Date of Manufacture (Required for each Covered Product)

Product Type	Date Code(s), Date(s) of Manufacture, or Date of Purchase
Supply Stop	
Water Connector	
Fitting	
Don't Know Type / Other (please identify)	

The photographs you submit with this Claim Form must show both: (1) BrassCraft or other Covered Product brand manufacture stamp if those stamps appear on the Covered Product; AND (2) Date of Manufacture stamp if those stamps appear on the Covered Product. For help locating the (1) BrassCraft or other Covered Product brand manufacture stamp and (2) Date of Manufacture stamp on supply stops and water connectors, go to www.BCyellowbrasssettlement.com.

NOTE: If the Covered Product does not have a BrassCraft or other Covered Product brand manufacture stamp and/or Date of Manufacture stamp, you must either (1) submit proof of purchase or (2) sign Affidavit "A" at the end of this Claim Form that confirms the Covered Product(s) was in a newly constructed Property Unit for which a certificate of occupancy was issued within ten years of the date on the Claim Form, or that the Covered Product was purchased within ten years of the date on the Claim Form.





6) Proof of Eligible Conditions in a Covered Product(s)

To determine if you have Exterior Meringue Deposits, an Occlusion, an Inoperable Valve handle, or a Leak, see Section 7 of the Notice or go to www.BCyellowbrasssettlement.com.

A. Are you making a claim for an Exterior Meringue Deposit?

☐

YES

☐

NO

If YES, which of the following is your chosen Settlement Benefit? (CHOOSE ONE)

☐
☐

Five years of Extended Settlement Benefit Coverage against Leaks, **OR**

A Replacement Part (Residential only, limited to 15 replacement parts)

To submit a valid claim for Exterior Meringue Deposits, the photographs you submit with this Claim Form must show the claimed Exterior Meringue Deposits caused by corrosion of the Covered Product while in service.

B. Are you making a claim for an Occlusion? (limited to 3 replacement parts)

☐

YES

☐

NO

To submit a valid claim for an Occlusion, the photographs you submit with this Claim Form must show the Covered Product in service. You must also complete and sign Affidavit "B" at the end of this Claim Form.

C. Are you making a claim for an Inoperable Valve handle? (limited to 3 replacement parts)

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YES

☐

NO

To submit a valid claim for an Inoperable Valve handle, the photographs you submit with this Claim Form must show the Covered Product in service and Exterior Meringue Deposits plainly visible around the valve stem. You must also complete and sign Affidavit "B" at the end of this Claim Form.

D. Are you making a claim for a Leak?

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YES

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NO

To submit a valid claim, you must submit the Covered Product(s) to the Claims Administrator, in accordance with the following instructions, to confirm an Eligible Condition:

Upon receipt of your completed and signed Claim Form and photographs of the Covered Product(s), and after a Leak Claim involving a Covered Product is confirmed, the Claims Administrator will provide you with a return shipping authorization and pre-paid shipping label for return of the Covered Product(s) to BrassCraft. Upon receipt of the return shipping authorization and pre-paid shipping label, you have sixty (60) days to return the Covered Product(s) to BrassCraft or the Claims Administrator may deny your Leak Claim.

E. Are you making a claim for \$5,000 or less in Property Damage resulting from a Leak?

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YES

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NO

Property Damage Claims are limited to a maximum Settlement Benefit of \$5,000 per Property Unit. Under this settlement, you may not recover for property damage covered and paid by insurers. If you are making more than one claim for property damage, you must submit a separate Claim Form for each claim.

Date of Leak/property damage loss (mm/dd/yyyy):

			/				/				
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Total amount of property damage claimed: \$:

Have you reported, or do you intend to report, your claim for property damage to an insurance company?

☐

YES

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NO

If YES, provide the name, address, phone number, claim representative of the insurance company, and claim number:

For a valid property damage claim, you must submit:

- The Covered Product to the Claims Administrator by following the procedure set forth in **Section D** (claim for a Leak) above.
- Photographs depicting all alleged property damage.
- A completed Supplemental Claim Form with an itemized list of your property damage (obtain a Supplemental Claim Form by visiting www.BCyellowbrasssettlement.com or contacting the Claims Administrator at Brasscraft Settlement Claims Administrator, P.O. Box 301134, Los Angeles CA, 90030-1134.
- Copies of invoices, expense records, receipts, or other verifiable documents for your reasonable out-of-pocket expenses for repair or replacement of damaged property that were not otherwise paid or reimbursed by an insurance company or other entity.

F. Did you experience more than \$5,000 in Property Damage resulting from a Leak?

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YES

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NO

If YES, choose one of the following:

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I elect to limit my claim to \$5,000 in Property Damage.

I elect to waive the benefits of this settlement and pursue my own individual claim with my own counsel in a separate lawsuit.

The Settlement gives Class Members with more than \$5,000 in Property Damage the option to either (1) make a claim for a maximum payment of \$5,000 per Residential or Commercial Property Unit, regardless of the amount of actual damages claimed; or (2) file an individual lawsuit against BrassCraft, waiving the benefits provided for in Settlement Agreement.

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7) Prior Adjudication of Claims

Have you or someone on your behalf (e.g., insurance company or contractor) previously settled with, released, or otherwise had claims related to this Property Unit adjudicated on the merits against BrassCraft that are substantially similar to those alleged in this action?

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YES

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NO

8) Signature Verification

IMPORTANT DEADLINES: Claims for Exterior Meringue Deposits, Occlusions, and Inoperable Valves must be made within three years of the date the Settlement Agreement becomes final (the “Effective Date”). Claims for Product Replacement Costs for Leaks must be made within ninety days of the Effective Date or within ninety days of the date of a Leak in a Covered Product, whichever date is later. Claims for property damage as a result of a Leak must be made within two years of the Leak. The Effective Date shall be posted to the settlement website www.BCyellowbrasssettlement.com within 10 days of the date the Settlement Agreement becomes final.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO RETAIN AND TO ALLOW AN EXAMINATION OF MY RECORDS AND COVERED PRODUCTS TO VERIFY THIS INFORMATION IF REQUIRED BY THE SETTLEMENT. I FURTHER ACKNOWLEDGE THAT ANY COVERED PRODUCTS SUBMITTED TO THE CLAIMS ADMINISTRATOR SHALL BECOME THE PROPERTY OF BRASSCRAFT MANUFACTURING COMPANY AND MAY BE DISPOSED OF WITHOUT NOTICE AFTER THE FINAL DETERMINATION OF MY CLAIM, INCLUDING THE DETERMINATION OF ANY APPEALS TO THE SPECIAL MASTER THEREON. IF MY CLAIM IS DENIED BECAUSE THE PART IS NOT A COVERED PRODUCT, I WILL BE GIVEN NOTICE OF SUCH DETERMINATION AND AN OPPORTUNITY TO RETRIEVE THE PART AT MY EXPENSE.

ALL OWNERS OF THE SUBJECT PROPERTY MUST SIGN THIS CLAIM FORM TO BEGIN THE CLAIM HANDLING PROCESS.

Owner Signature: _____ Date (mm/dd/yyyy): _____ / _____ / _____

Co-Owner Signature: _____ Date (mm/dd/yyyy): _____ / _____ / _____

Business or Entity Signature: _____ Date (mm/dd/yyyy): _____ / _____ / _____

Please make a copy of the completed form for your records.

Mail or Deliver to: BrassCraft Settlement Claims Administrator, P.O. Box 40007, College Station, TX 77842-4007

AFFIDAVIT OF CLAIMANT “A”

(To be completed and signed by property owner making a claim for a Covered Product(s)
with no BrassCraft or other Covered Product brand manufacture stamp and/or date of manufacture stamp)

I hereby declare under the penalty of perjury that (check all that apply):

☐

I am making a claim for **Exterior Meringue Deposits** and the Covered Product(s) was either in a newly constructed Property Unit for which a certificate of occupancy was issued within ten (10) years of the date of the Claim Form, or the Covered Product was purchased within ten years of the date on the Claim Form

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I am making a claim for **Leaks** and the Covered Product(s) was either in a newly constructed Property Unit for which a certificate of occupancy was issued within ten (10) years of the date of the Claim Form, or the Covered Product was purchased within ten years of the date on the Claim Form

☐

I am making a claim for **Occlusions** and the Covered Product(s) was either in a newly constructed Property Unit for which a certificate of occupancy was issued within ten (10) years of the date of the Claim Form, or the Covered Product was purchased within ten years of the date on the Claim Form

Owner: _____ Date (mm/dd/yyyy): _____ / _____ / _____

AFFIDAVIT OF CLAIMANT “B”

(To be completed and signed by property owner seeking Settlement Benefits for a
Covered Product with an alleged **Occlusion** and/or an alleged **Inoperable Valve**)

I hereby declare under the penalty of perjury that (check all that apply):

☐

I am making a claim for a Covered Product with an **Occlusion**. I hereby state that the Covered Product for which I seek Settlement Benefits has an **Occlusion** as defined in Paragraph 1.14.3 of the Settlement Agreement.

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I am making a claim for an **Inoperable Valve** handle that is a Covered Product. I hereby state that the Covered Product for which I seek Settlement Benefits is a stop valve that is mechanically inoperable as defined in Paragraph 1.14.4 of the Settlement Agreement.

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Owner: _____ Date (mm/dd/yyyy): _____ / _____ / _____ 

QUESTIONS? CALL 1-888-633-9195 OR VISIT WWW.BCYELLOWBRASSSETTLEMENT.COM

Page 4 of 4



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