

CLAIM FORM
“OLD”CAL-SHAKE ROOFING
(Manufactured between January 25, 1980 and January 31, 1986)

I. CLAIMANT AND PROPERTY INFORMATION

“Old” Cal-Shake Property Address: _____
Street City State Zip

_____ H.O.A. Yes No; If Yes, # of units: _____
County

Name of Claimant: _____
(Individual, husband & wife, joint tenancy, trust) *please include the names of all owners of the property

Mailing Address of Claimant: _____
(if different) Street City State Zip

Telephone Number: _____
Day Evening

Fax Number: _____

E-mail: _____

Are you the current owner(s) of the property listed above? ___ Yes ___ No

Name of Current Property Owner: _____
(If “no”)

II. PROOF OF OWNERSHIP

If you are the current owner of the “Old” Cal-Shake Property, please provide **ONE** of the following documents as proof of ownership of the Property. Please do not send originals.

____ A copy of the Property Tax Statement for the current year;

____ A copy of the Deed;

____ A copy of the current mortgage statement;

____ A copy of the current home insurance statement.

III. “OLD” CAL-SHAKE ROOFING INFORMATION

If known, please state the date the “Old” Cal-Shake roof was installed: _____
Month/Day/Year

Has the “Old” Cal-Shake roof on this property been replaced? ____ Yes ____ No

If Yes, when (if known)? _____

Please provide **ONE OR MORE** of the following items as proof that the roof is or was an “Old” Cal-Shake roof. Please do not send originals.

____ Building Permit for installation of roof;

____ Invoice - The contract or invoice indicating purchase or installation of an “Old” Cal-Shake roof;

____ Warranty Card - A copy of a completed Cal-Shake warranty card;

____ Photographs/Video - Photographs or video depicting the “Old” Cal-Shake product on your roof;

____ Statement from Licensed Contractor verifying “Old” Cal-Shake roof (Manufactured or installed between Jan. 25, 1980 – Jan. 31, 1986) signed under penalty of perjury;

____ Other evidence that the product on your roof is or was Cal-Shake. Please explain.

IV. INFORMATION REGARDING SIZE OF ROOF

Number of Buildings on Property on which “Old” Cal-Shake Roofing was/is installed: _____

Single Story Two Story Tri-Level Home

Square Footage of Home: _____

Approximate Square Footage of Roof: _____

Describe generally the slope of your roof (i.e. ‘low pitch’ (ranch); ‘high pitch’ (steep): _____

***Please submit a photograph which shows your roof.**

Example of Ranch Style/ Low Pitch Roof:



Example of Steep/High Pitch Roof:



V. OTHER PAYMENTS OR REIMBURSEMENT

Have you or, to your knowledge, has any other owner of the Property ever received any payments or reimbursements from anyone (for example, insurer, distributor, roofer) for the cost of replacement of “Old” Cal-Shake Shakes on the property? ___ Yes ___ No

If No, go to Section VI.

If Yes, please state:

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

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

If available, please attach copies of documentation showing the amount of the payment(s) and/or reimbursement(s).

VI. TAX INFORMATION

Awards, if any, cannot be paid without the Claims Administrator’s receipt of the tax information requested below. The information is requested to allow the Claims Administrator to comply with the Internal Revenue Service Information reporting requirements when, and if, required.

Question 1: Are you a FORMER owner of the property for which you are filing this claim form? ___Yes ___No

Question 2: Have you previously deducted (or will you deduct in the future) on your federal income tax return(s) the original cost of buying and installing Cal-Shake roofing? ___ Yes ___ No

Question 3: If you previously repaired/replaced your Cal-Shake shakes, have you previously deducted (or will you deduct in the future) on your federal income tax return(s) any of the repair/replacement cost?
___ Yes ___ No

Tax Identification Number or Social Security Number: _____
(If you do not have a TIN or SSN, write “Applied For”)

By signing this Claim Form, I certify under penalty of perjury that:

- (1) the taxpayer identification number set forth in Section VI is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and that the information set forth in Section VI is correct; and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

VII. CERTIFICATION

By signing this Claim Form, I/we certify under penalty of perjury that:

The information provided in this form is true to the best of my knowledge, information and belief.
The Claim described in this form was not settled, adjudicated, dismissed with prejudice, released or assigned in connection with a prior lawsuit or warranty claim.

If necessary, I authorize a Court Appointed Inspector to inspect the “Old” Cal-Shake roofing on the property at a time to be agreed upon.

Signature of Claimant

Date

Mail this completed, ORIGINAL Claim Form with the requested attachments to:
“Old” Cal-Shake Settlement Administrator
P.O. Box 38309
Sacramento, CA 95838

If you have any questions, please call 1-866-844-0600 or visit www.calshakeclassaction.com