

Your claim must be submitted or postmarked by: **January 16, 2020**

**SUPPLEMENTAL CLAIM FORM**

Deck Over Settlement  
PO Box 15850  
Philadelphia, PA 19103

**BHR**

USE THIS CLAIM FORM TO SUBMIT A **NEW** CLAIM IF YOU RECEIVED A NOTICE MAILED ON NOVEMBER 7, 2019 THE DEADLINE FOR SUBMITTING THIS CLAIM FORM IS JANUARY 16, 2020.

IF YOU RECEIVED A DEFICIENCY, DENIAL OR ADJUDICATION NOTICE, YOU MAY ALSO USE THIS SUPPLEMENTAL CLAIM FORM TO PROVIDE THE INFORMATION REQUESTED IN THAT NOTICE.

**I. PROVIDE YOUR CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Claim Number: \_\_\_\_\_  
(Enter your Claim Number located above your name on the notice you received.)

**II. Check the Appropriate Box(es) AND enclose your documents**

**I Want to Be Reimbursed for the Money I Spent Buying DeckOver**

If you check this box, you must provide both:

1. **Proof that You Bought DeckOver** – This can be a receipt, photo of opened DeckOver containers, formula sticker or UPC label, or other competent proof: **AND**
2. **Proof of Problems with DeckOver** – This can be a photo of your deck, invoices or estimates for repairs, or other competent proof.

**I Also Want to Be Reimbursed for the Money I Spent Repairing My Surface**

If you check this box, in addition to the items above, you must also provide either:

3. **Proof Regarding Cost of Repairs** – This could be an estimate or invoice from a contractor to repair the damage, a receipt for supplies or equipment you used to repair your deck, or other competent proof: **OR**
4. **Attestation** - If you cannot provide documents showing how much you spent, you must provide an explanation: I applied DeckOver to real property owned or leased by me that caused damage in the form of:

\_\_\_\_\_ and that I repaired by \_\_\_\_\_

**III. ADR OPTION**

If you are dissatisfied with the relief offered, you may participate in alternative dispute resolution (“ADR”) by checking this box. The ADR would be conducted before Hon. Wayne Andersen (ret.) at JAMS, at Behr’s expense and based on written submissions only (unless you request otherwise).

**IV. Provide the Following Information:**

Number of Gallons Purchased:		Approximate Date of Purchase:	/ /
Price Paid per Gallon (if known):	\$	Approximate Square Footage of Surface:	

**V. FILL OUT AND SIGN THE FOLLOWING ATTESTATION**

I declare under penalty of perjury under the laws of the United States that I am a Class Member (as defined in the Class Notice), and that the information in this Claim Form and any documentation attached to it are true and correct to the best of my knowledge. If I did not provide required documents, it is because I do not have them.

Executed on \_\_\_\_\_ in \_\_\_\_\_, by (X) \_\_\_\_\_  
(Date) (City, State, Country) (Signature)

**MAIL YOUR CLAIM FORM AND DOCUMENTATION, POSTMARKED BY JANUARY 16, 2020 TO THE ADDRESS ABOVE.**

