

CERTAINTEED FIBERGLASS HORIZON SHINGLES

CLASS ACTION SETTLEMENT

ABBREVIATED CLAIM FORM

INSTRUCTIONS

1. You are eligible to submit this Abbreviated Claim Form **only if** you have already submitted a warranty claim to CertainTeed for your CertainTeed Fiberglass Horizon Shingles (“Horizon Shingles”) **and** CertainTeed has offered you a warranty claim payment. **Note:** You may submit this Abbreviated Claim Form whether you accepted CertainTeed’s warranty claim payment or not.
2. If CertainTeed has not offered you a warranty claim payment and your Horizon Shingles have exhibited Qualifying Damage, you must submit the Standard Claim Form. You can obtain the Standard Claim Form at www.FiberglassHorizonSettlement.com or by calling the Settlement Administrator at 1-833-797-1001.
3. Please type or print your responses in ink. Additional information will be requested if this form is incomplete or otherwise insufficient to process your claim. You must respond to any request for additional information; if you fail to respond, your claim may not be processed, and you will forfeit important rights.
4. Mail the completed Abbreviated Claim Form to:

CertainTeed Roofing
Horizon Settlement Administrator
805 W. 5th Street
Suite # 7
Lansdale, PA. 19446

5. No acknowledgement will be made of the receipt of a Claim Form. If you wish to be assured that your Claim Form and documentation was delivered, please use a shipping method that provides delivery certification/tracking. You should be aware that it will take time to fully process all of the claims and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and evaluate each Claim. Please notify CertainTeed of any change of address.
6. If you have questions regarding this Abbreviated Claim Form or recovery under the Settlement, you can check the CertainTeed Fiberglass Horizon Shingles settlement website www.FiberglassHorizonSettlement.com or contact the Claims Administrator by email at FiberHZ@saint-gobain.com, or call 1-833-797-1001. Your questions will be answered at no cost to you.

CLAIM NUMBER _____

Name: _____

Last	First	Middle Initial
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City **State** **Zip**

Fax: (____) _____

If Claimant is other than an individual, state the name and capacity of the person completing this form
(Officer, Partner, etc): _____

When did you submit a warranty claim to CertainTeed regarding your Fiberglass Horizon Shingles? _____/_____
Month / Year

Have you signed a release with CertainTeed regarding your original warranty claim?
Yes **No**

(Please Fill Out a Separate Copy of This Section For Each Property)

Street Address	Apt. Number
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City **State** **Zip Code**

IV. ACKNOWLEDGMENT OF CLAIMANT(S)

Claimants must acknowledge that they have read and agree to the following by checking the boxes (MANDATORY):

- ☐ SUBMISSION TO JURISDICTION OF COURT. Claimant agrees to submit to the exclusive jurisdiction of the U. S. District Court for the Eastern District of Pennsylvania for all purposes associated with this Claim.
- ☐ VERIFICATION OF CLAIM AND WARRANTY. Claimant represents and warrants that the information contained herein is true, correct, and accurate. Claimant specifically warrants that Claimant is the rightful and only owner or assignee of the Claim submitted and has not otherwise transferred or encumbered any right or interest in this Claim and/or right or entitlement arising from the Settlement to any person.
- ☐ RELEASE. I acknowledge that in exchange for the consideration of the benefits provided in the Settlement that I am bound by the terms of the Settlement Agreement approved by the Court in *Segebarth, et al. v. CertainTeed LLC*, Civil Action No. 2:19-cv-05500-PD, including the Release section set forth in Section 13. Accordingly, I, on behalf of myself and my agents (including homeowner associations or similar entities), heirs, executors and administrators, successors, attorneys, representatives, insurers, and assigns, release and forever discharge CertainTeed LLC, CertainTeed Corporation and CertainTeed's past, present and future affiliates, related entities, parent companies, subsidiary companies, divisions, and each of their respective predecessors, successors, officers, directors, managers, employees, trustees, fiduciaries, administrators, agents, representatives, principals, accountants, counsel, auditors, insurers, and reinsurers, from each and every claim of liability, whether in tort or otherwise, including damages or relief under federal law or the law of any state or local government, which arises out of the purchase, installation, and/or use of the Horizon Shingles, including without limitation all claims or liability on account of or related to damage caused by the Horizon Shingles as alleged or as could have been alleged in the complaints in the Litigation.

V. CERTIFICATION

All the information that I supplied in this Abbreviated Claim Form is true and correct to the best of my knowledge and belief.

This document is signed under penalties of perjury.

If more than one owner, Claim Form must be signed by all owners.

Signature of Owner

Date

Signature of Additional Owner

Date

ACCURATE CLAIMS PROCESSING TAKES TIME.

THANK YOU FOR YOUR PATIENCE.