

CLAIM FORM INSTRUCTIONS

Your claim must be submitted online or mailed and postmarked by:

July 23, 2020

Florida Window Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103
Website: www.FloridaWindowSettlement.com

WINDOW

Instructions for Completing the Claim Form

You are eligible to submit a Claim Form if you are a Florida owner of a single family residence in which PGT Winguard Aluminum 700 Series Windows and Doors including, but not limited to fixed windows, hung windows, horizontal sliding windows, sliding glass doors, and French doors (“Window Product(s)”), have been installed from July 19, 2003 until July 19, 2013, which sustained a loss arising out of a burglary to a single family residence due to an entry through a locked pane of glass which has been smashed or broken by a burglar (“Event”).

Claimants who complete and timely submit the Claim Form found at www.FloridaWindowSettlement.com along with (1) proof of purchase, (2) a copy of a police report filed at or near the time of the burglary, but not one filed within the Claims Period or within 90 days of the Claims Period, (3) a copy of the loss claim notice to your insurance company that was contemporaneously filed but not notice given during the Claims Period, and (4) a picture of the broken Window Product(s) which shows the logo of the Window Product manufacturer (“Substantiating Materials”), may be entitled to a refund of as much as \$1,000.00 in insurance deductible reimbursements. In certain circumstances, you may be entitled to either a refund of \$500.00 or full replacement of your Window Product(s) at no cost to you, other than the cost of removing your original Window Product and the labor costs of installing the new product we provide you, as those costs are yours.

Proof of Purchase means any document showing, at a minimum, the purchase of the Product, and the date, place and amount of purchase. Submit only one (1) Claim Form per person. If you intend to make a claim, you must complete the attached Claim Form, and provide the above-referenced Substantiating Materials.

Your completed Claim Form must be submitted online at www.FloridaWindowSettlement.com on or before 12:00 A.M. EST on **July 23, 2020** or postmarked no later than **July 23, 2020** and mailed to:

Florida Window Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

You must complete the entire Claim Form and provide copies of Substantiating Materials in support of your Claim Form. Do not submit original Substantiating Materials, they will not be returned to you.

ALL CLAIMS ARE SUBJECT TO VERIFICATION

PLEASE KEEP A COPY OF YOUR COMPLETED CLAIM FORM FOR YOUR RECORDS.

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SECTION A: NAME AND CONTACT INFORMATION

Provide your name and contact information below. It is your responsibility to notify the Settlement Notice & Claims Administrator of any changes to your contact information after the submission of your Claim Form.

First Name

Last Name

Street Address (Mailing Address)

City

State

Zip Code

Email Address

Phone Number

SECTION B: RESIDENTIAL INTRUDER PROTECTION CLAIMANT

List the total number of Window Products which sustained an Event at a single-family residence owned by you during the Class Period:

- Check this box if you are providing proof of purchase in support of your Claim Form.
- Check this box if you are providing a copy of a police report filed at the time of the burglary in support of your Claim Form.
- Check this box if you are providing a copy of the loss claim notice to your insurance company that was contemporaneously filed in support of your Claim Form.
- Check this box if you are providing a picture of the broken Window Product(s) which shows the logo of the Window Product manufacturer in support of your Claim Form.

SECTION C: CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to Fla. Stat. § 837.02(1) that the information provided in this Claim Form is true and correct to the best of my knowledge, information and belief. I understand the Settlement Notice & Claims Administrator may contact me to request further verification of the information provided in this Claim Form.

Signed: _____ Date: _____