Your claim must be submitted online or postmarked by: September 7, 2026

Sher et al. v. Rainbow Sandals, Inc.
Case No. 23STCV23449
Superior Court of California for the County of Los Angeles
CLAIM FORM

RBW-CLAIM

GENERAL INSTRUCTIONS

Warranty Denial Class Members are eligible to submit a claim to have their **Covered Sandal** repaired or replaced. Claims can be submitted online at www.CoveredSandalSettlement.com or by completing and mailing this Claim Form to the Settlement Administrator with a postmark date on or before September 7, 2026.

The **Warranty Denial Class** includes all Class Members who between September 27, 2019, and June 8, 2026, either: (1) submitted a Warranty Inquiry concerning a Manufacturing Defect in a Covered Sandal during the Sole Lifetime who were informed that it likely would not be covered due to the presence of Wear and Tear; or (2) submitted a Warranty Claim concerning a Manufacturing Defect in a Covered Sandal during the Sole Lifetime that was coded by Rainbow as Wear and Tear Fault.

Covered Sandal means any Rainbow Sandals, Inc.-branded sandal except for the following (which are subject to a 6-month warranty): The Slides; Comfort Classics; East Cape; The Cloud; Holoholo; Islander; Mariner; Mocca Loaf; Mocca Shoe; Navigator; North Cove; South Cove; Sunset Snugs; Comfort Classics; The Avalon; The Bella; The Calafia; The Cloud Collection; The Cottons; The Delilah; Escape; The Flirty Braidy; The Gala; The Islander; The Lola; The Marley; The Sandiva; The Sophia; The Tango; T-Street Leather; T-Stret Hemp; West Cape; Kids Delilah; The Grombows; Kids Sandiva; Kids Sophia.

Repair Option. If repair of the Covered Sandals is feasible, such repair shall be completed after the Settlement is approved and becomes final. If repair of a given pair of Covered Sandals is not feasible then the Claimant who sent in those Covered Sandals for repair shall be entitled to Replacement Sandals but not return of the unrepairable Covered Sandals.

Replacement Option. After the Settlement is approved and becomes final, Rainbow will mail or cause to be mailed Replacement Sandals to: (i) any Claimant who has indicated that they are no longer in possession of their Covered Sandals; (ii) any Claimant whose Covered Sandals Rainbow determined it could not feasibly repair within ninety (90) days of the Effective Date. Such sandals shall be of like size and style as the Covered Sandal in connection with which a Warranty Claim was made.

SUBMITTING YOUR CLAIM FORM

Mail your completed Claim Form to:

Rainbow Sandals Warranty Settlement
c/o Settlement Administrator
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

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I. SETTLEMENT CLASS MEMBER CONTACT INFORMATION

Provide your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form.

First Name | Last Name

Street Address

City | State | Zip Code

Email Address | Notice ID (provided on the email or mailed notice)

II. SETTLEMENT RELIEF

☐ **Repair Option**. Check this box if you wish to have your pair of Covered Sandals repaired. After the Settlement is approved and becomes final, eligible Claimants who select the Repair option will be provided with a prepaid, preaddressed mailing label and instructions for submitting their Covered Sandals to Rainbow for repair.

☐ **Replacement Option**. Check this box if you wish to have your pair of Covered Sandals replaced. After the Settlement is approved and becomes final, eligible Claimants who select the Replacement option will be provided with a pair of Replacement Sandals.

Provide the style of Covered Sandal you are seeking to have replaced: _____
Provide the size of your Covered Sandal: _____

III. CERTIFICATION

I swear and affirm under penalty of perjury that I am a Warranty Denial Class Member, and the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim is considered complete and valid.

Signature | Printed Name | Date