

Your claim must be submitted online or postmarked by: February 27, 2019

CLAIM FORM
Deck Over Settlement
PO Box 15850
Philadelphia, PA 19103
www.DeckOverSettlement.com

BHR

THE DEADLINE FOR SUBMITTING THIS PROOF OF CLAIM FORM IS FEBRUARY 27, 2018¹.

I. PROVIDE YOUR CONTACT INFORMATION:

Name: Phone: () Email:

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

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:

Table with 4 columns: Number of Gallons Purchased, Price Paid per Gallon (if known), Approximate Date of Purchase, 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

(Date) (City, State, Country) (Signature)

YOU CAN SUBMIT YOU CLAIM ONLINE AT WWW.DECKOVERSETTLEMENT.COM OR MAIL YOUR CLAIM FORM AND DOCUMENTATION TO THE ADDRESS ABOVE.

YOUR CLAIM MUST BE SUBMITTED OR POSTMARKED BY FEBRUARY 27, 2018

1 Or one year from the date of purchase, whichever is later.