

Settlement Administrator
P.O. Box 3127
Portland, Oregon 97208-3127

CLAIM FORM
Viking VK457 Sprinklers

ATTENTION VIKING VK457 SPRINKLER CLASS ACTION SETTLEMENT CLASS MEMBERS:

Use this Claim Form if (a) you are seeking replacement of eligible VK457 sprinklers installed in your property or reimbursement for a replacement you paid for previously; and/or (b) you paid for repairs or damages resulting from a non-fire activation of eligible VK457 fire sprinklers. You can use a single Claim Form if you are eligible for both remedies.

Only use this Claim Form if your Claim concerns Subject Sprinklers. You can access photos and a description of these products at www.VK457SprinklerSettlement.com. **NOTE: The Subject Sprinklers at issue in this Settlement were sold between January 1, 2013, and March 31, 2015.**

A “non-fire activation” means an activation of a Subject Sprinkler in the absence of fire. Non-fire activations that are the sole result of physical damage to the Subject Sprinkler will not be eligible for an Activation Claim.

To determine whether you are a Class Member eligible to make a Claim, or for more information regarding the Settlement or the claims process, visit www.VK457SprinklerSettlement.com.

Claim Form Deadline

For Activation Claims, Claims can be submitted for non-fire activations that occurred on or after May 9, 2020. Such Claims must be submitted to the Settlement Administrator within 180 days after the non-fire activation. Claim Forms for Activation Claims can be submitted starting on May 9, 2020.

For Replacement Claims, Claims Forms can be submitted immediately.

The Settlement Website will be updated to provide the Effective Date and the final deadline for Activation Claims and Replacement Claims, once known. Please refer to that website and the Settlement documents for an explanation of the required support documentation that you will need to submit with your Claim. **For Activation Claims**, along with a Claim Form, you will be asked to return the activated Subject Sprinkler or a reason it is not available for submission, and any valid reason (i.e., the reason the activated Subject Sprinkler is not available for submission) shall be acceptable to the Settlement Administrator. In addition to the activated Subject Sprinkler (or valid reason for its unavailability), a Claimant must include proof that a qualifying non-fire activation occurred, including, by way of example only, installer or contractor records, photographs, videos, invoices, receipts, credit card statements, inspection records, insurance records, or any other document or information that (a) supports the Claimant’s position of an occurrence of a qualifying non-fire activation of a Subject Sprinkler; (b) states the date(s) of the non-fire Activation(s); and (c) receipts, invoices, and other proof of recoverable damages. **For Replacement Claims seeking reimbursement for amounts paid to replace the Subject Sprinklers prior to the Notice Date**, along with a Claim Form, you will be asked for supporting documentation substantiating that you paid to replace Subject Sprinklers and affirm that you were not reimbursed from any other source for the reimbursement amount you seek. **If you have not yet replaced your Subject Sprinklers, you only need to complete this Claim Form.** If you need more space for your responses, please attach additional sheets.

How to Complete This Claim Form

1. All questions must be answered. Please type or print your responses in ink. Use “N/A” when the question does not apply. You must respond to any request by the Settlement Administrator for additional information. If you fail to respond, your Claim may not be processed and you may waive your rights to receive benefits under the Settlement.
2. Please keep a copy of your submitted Claim Form and all supporting materials. Do not submit your only copy of the supporting documents. Materials submitted will not be returned. All copies of documentation submitted in support of your Claim should be clear, legible, and complete.
3. There are three ways to submit your Claim Form and supporting materials: (a) by mail; (b) by email to the following email address: info@VK457SprinklerSettlement.com; or (c) via the Settlement Website, www.VK457SprinklerSettlement.com.

II. DESCRIPTION OF THE PROPERTY THAT IS THE SUBJECT OF THIS CLAIM

(You must submit a separate Claim for each residential property or, unless authorized to submit a Claim for all such units, a separate Claim for each unit in a multi-unit residential or commercial building. A P.O. Box is not an appropriate address, please enter the physical street address.)

A. PROPERTY ADDRESS (Do not use a post office box.)

Property Address:

[Grid for property address]

City:

[Grid for city]

State:

[Grid for state]

ZIP Code:

[Grid for ZIP code]

B. PROPERTY OWNERSHIP

1. Name of Property Owner:

First Name:

[Grid for first name]

MI:

[Grid for middle initial]

Last Name:

[Grid for last name]

a. Name of Additional Property Owner (if applicable):

First Name:

[Grid for first name]

MI:

[Grid for middle initial]

Last Name:

[Grid for last name]

b. Name of Additional Property Owner (if applicable):

First Name:

[Grid for first name]

MI:

[Grid for middle initial]

Last Name:

[Grid for last name]

LIST ALL PROPERTY OWNERS. If there are additional owners, please attach a list with each additional owner's full name.

2. Are you the current owner of the property? Yes No N/A

3. If not, what dates did you own the property?

[Grid for dates owned: MM DD YYYY To MM DD YYYY]

4. **Third Party Claims:** If you are a contractor, insurer, or other entity claiming for amounts paid by someone whom you represent, then please provide below the full name and contact information for the person or entity you are representing and who paid these amounts. N/A

First Name:

[Grid for first name]

MI:

[Grid for middle initial]

Last Name:

[Grid for last name]

Current Mailing Address:

[Grid for current mailing address]

City:

[Grid for city]

State:

[Grid for state]

ZIP Code:

[Grid for ZIP code]

Daytime Phone Number:

[Grid for daytime phone number]

Evening Phone Number:

[Grid for evening phone number]

Email:

[Grid for email]

C. PROPERTY TYPE

Please check the box next to the property type for which you are submitting this Claim:

- 1. Detached Single Family Dwelling
- 2. Multi-Unit Dwelling (such as an apartment or condominium)
- 3. Commercial Property

If the property is a multi-unit dwelling or commercial property, estimate the number of units with Subject Sprinklers:

III. IDENTIFICATION AND INSTALLATION OF THE SUBJECT SPRINKLERS

You can access photos and a description of these products at www.VK457SprinklerSettlement.com. **NOTE: The Subject Sprinklers at issue in this Settlement were sold between January 1, 2013, and March 31, 2015.**

How have you determined that your structure contains Subject Sprinklers? (Check all that apply.)

- Removed Subject Sprinkler
- Bills of sale and/or purchase orders
- Builder or contractor records
- Correspondence identifying Subject Sprinklers in the property
- Report from plumber, engineer, architect, or home inspector identifying Subject Sprinklers in the property
- Builder, plumber, or contractor letter stating upon personal knowledge that Subject Sprinklers were used in the property
- Photographs
- Other documentation (describe) _____

Enclosures Required: For each document you checked above, please enclose a copy (not an original) with this completed form.

IV. ACTIVATION CLAIMS

Please fill out this section if you incurred property damage caused by the activation of a Subject Sprinkler without the presence of a fire that occurred on or after May 9, 2020.

If you allege one or more Subject Sprinklers activated without the presence of a fire, please answer questions 1-6 below. If not, please check here:

1. List the date of each non-fire activation of a Subject Sprinkler and the amount spent on damage or repairs:

Date: - - Amount Paid Out-of-Pocket by You: \$.

MM DD YYYY

Date: - - Amount Paid Out-of-Pocket by You: \$.

MM DD YYYY

List additional activations on another page, if needed.

VIII. ADDITIONAL INFORMATION

If you have any additional information which you would like the Settlement Administrator to consider in evaluating your Claim, please attach that information as a separate document.

IX. RELEASE, CERTIFICATION, AND AGREEMENT TO BE BOUND

I/we declare that the information that I/we have supplied in this Claim Form and in any accompanying documentation is true and correct to the best of my/our knowledge and belief and that this document is signed pursuant to 28 U.S.C. § 1746 under penalty of perjury. By signing below, I/we hereby certify that I/we have read the Release in Paragraph F.1. of the Settlement Agreement and agree to be bound by the Release and the Settlement Agreement.

Signature of Claimant

Date: - -
MM DD YYYY

Signature of Claimant

Date: - -
MM DD YYYY

THIS FORM WILL BE USED BY THE SETTLEMENT ADMINISTRATOR TO DETERMINE YOUR ELIGIBILITY TO RECOVER UNDER THIS SETTLEMENT AND THE NATURE AND VALUE, IF ANY, OF YOUR SETTLEMENT RECOVERY.