

<p align="center">KITEC INSURANCE CARRIER SETTLEMENT CLAIM FORM General Instructions and Information</p>
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You must complete and submit this Claim Form postmarked on or before **January 9th, 2020** in order to be eligible for recovery under the Kitec Settlement (the “Settlement”). The Settlement became final in early 2012, so the Claim Filing Deadline has been set as **January 9th, 2020**. The settlement website has been updated. Please visit www.kitecsettlement.com for more information. **In order to facilitate the administration process and expedite claims, we encourage you to complete and send this form within ninety (90) days of receipt.** Please type or print your responses in ink. All of the capitalized terms in this form refer to the defined terms in the parties’ Class Action Settlement and Release Agreement, which you can access at www.kitecsettlement.com.

All questions *must* be answered. Use “N/A” when the question does not apply. Use “unknown” if you do not have the answer to the question. You must provide all information available to you that is responsive to the questions in this Claim Form. 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 thereby forfeiting important rights. The more complete the Claim Form, the more quickly your claim can be processed. Claimants should make every effort to provide all requested information and documentation so that a final determination of the claim can be made promptly.

Claims may only be filed by eligible persons defined as: all persons that own, have owned, lease, or have leased, and all those who have or may pursue claims through or in the name or right of them, buildings, homes, residences or any other structures in the United States (excluding the Clark County, NV class) and Canada that contain, or at any time contained, the Kitec System. Excluded from the Settlement are all Persons who properly executed and timely submitted an Opt Out Form.

The information, enclosures, and other documentation required by this form shall be evaluated by the Claims Administrator in determining your eligibility for benefits.

Please submit all cancelled checks of payments to plumbers for Kitec repairs, as well as copies of their invoices. Do not submit original documents. Also enclose a sample of a Kitec failed fitting or a one-foot long pipe sample removed during the repair. Materials submitted will not be returned. Please submit clear, legible, and complete copies, except for photographs and videotapes, for which duplicate originals should be submitted. Keep a reference copy of the Claim Form and all enclosures.

If you have questions regarding this Claim Form or recovery under the Settlement, you can call the Claims Administrator at 1-877-337-1293, your questions will be answered at no cost to you, or you can access www.kitecsettlement.com. Do not call the Court or IPEX with questions.

Mail the completed Claim Form and all required supporting documentation to:

For deliveries via courier, use the following street address:

Kitec Claims Administrator 462 South Fourth Street 16th Floor Louisville, KY 40202	OR	Canadian Kitec Claims Administrator 1480 Richmond Street, Suite 204 London, Ontario N6G 0J4
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For deliveries via postal service, use the following address:

Kitec Claims Administrator P.O. Box 404000 Louisville, KY 40223-4000	OR	Canadian Kitec Claims Administrator P.O. Box 3355 London, ON N6A 4K3
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FOR CLAIMS PROCESSING ONLY	<input type="radio"/> LC <input type="radio"/> OZ	
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Do you have any allocation or agreement with respect to Kitec Claims with any prior or current owner of the Property?

Yes No

If so, describe: _____

Have you signed a release with IPEX regarding insured's claim? Yes No

Has Insured signed a release with IPEX regarding Insured's claim? Yes No

➔ **If Yes to either or both of the above questions:** Please enclose a copy of the Release(s).

B. PROPERTY TYPE:

The Property can be described as (select one):

A Unit of Residential Property (a single-family residence, a single family unit in a duplex, triplex, or quadruplex, or a single family dwelling unit in any multi-unit residence of **THREE floors or less**).

Number of residences:

A Unit of High Rise Residential Property (a residential unit in any multi-unit structure of **FOUR floors or greater**).

Number of units:

A Hospital Property (defined as each room in a hospital property used primarily for occupancy or rehabilitation).

Number of rooms:

A Hotel Property (defined as each room in a hotel property used primarily for occupancy).

Number of units:

A Unit of other Residential Property (each room for occupancy in any other building used primarily for occupancy including, without limitation, student dormitory or student housing, assisted living facility, retirement home, or other multi-person structure).

Please specify the type of facility:

Number of units:

A Commercial Structure not used for occupancy. Please describe: _____

Other. Please describe: _____

III. IDENTIFICATION AND INSTALLATION OF KITEC SYSTEM

A. PROOF OF KITEC SYSTEM INSTALLATION:

Basis for identification (fill bubble and enclose as many of the following as possible):

- Manufacturer warranty
- Inspection report
- Bills of sale, purchase orders
- Builder or Plumbing Records
- Correspondence acknowledging product in the Property
- Report from plumber, engineer, architect or home inspector identifying Kitec Plumbing System in the Property
- Builder, plumber, contractor letter stating upon personal knowledge that Kitec Plumbing System was used in the Property
- Photographs
- Description of all printing found on the Kitec System



- Complete label and date code on the Kitec System
 - Other documentation (describe): _____
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Enclosures Required: Enclose checked documents for proof of product identification.

B. DESCRIPTION OF KITEC SYSTEM:

Do not submit a claim unless Insured has or had the Kitec System in their structure. You can access photos of the Kitec System at www.kitecsettlement.com. The Kitec System was used for a variety of applications including, without limitation, hot and cold water distribution in plumbing applications and radiant heating systems in homes, residences, buildings or other structures. For identification, Kitec pipe is colored either blue (for use with cold water) or orange (for use with hot water). Kitec pipe is often stamped “KITEC.” The pipe can be bent by hand and stays molded because of its aluminum core. Kitec brass or plastic fittings are either crimp or compression ring style. The Kitec System consists of components, individual parts, or as a system, PEX-AL-PEX pipe, PE-AL-PE pipe, PERT-AL-PERT pipe, PEX pipe, valves, fittings, and/or components, manufactured by or on behalf of IPEX whether sold under the names Kitec, PlumbBetter, IPEX AQUA, WarmRite, Kitec XPA, AmbioComfort, XPA, KERR Controls, Plomberie Améliorée, or otherwise.

C. INSTALLATION DATE (indicate if installed during original construction of the structure or later):

Who was the builder or plumber who installed the Kitec System?

Name

Street Address Apt Number

City State/Province

US Zip Code Canadian Postal Code Country

Telephone - - Installation Date / (Month/Year)

- Installed when structure was originally built.
- Installed later.

Enclose copies of documents that establish the date that the Kitec Plumbing System was installed.

D. TYPE OF INSTALLATION (Insured May Have More Than One Type of Installation. Fill in All That Apply):

- Traditional plumbing installation
 - Heating installation
 - In floor heating installation
 - Snow melt installation
 - Bioradiant or other open loop fan coil plumbing and heating installation
 - Other use or installation (please describe in detail) _____
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E. AMOUNT INSTALLED IN PROPERTY:

1. (If known) Total length of pipe: feet meters
Basis for measurement of total length of pipe:
 Personal measurement.
 Measurement by professional plumber or contractor.
 Other. Please describe: _____
2. (If known) Total number of brass fittings (crimp or compression ring)
Basis for measurements of total fittings:
 Personal measurement.
 Measurement by professional plumber or contractor.
 Other. Please describe: _____
3. Total number of bathrooms on the Property:
4. Total number of sinks on the Property:
5. Total number of toilets on the Property:
6. Total number of shower/tubs on the Property:
7. Total number of washer/dryer connections on the Property:
8. Total number of water heaters on the Property:
9. Approximate square footage or square meters of entire Property: feet meters

F. PROBLEMS/ TYPES OF DAMAGES:

Please indicate which category of problems or damages Insured has experienced, if any: (fill in bubble)

- No damage experienced.
- Property damage from leaking pipe and/or fittings.
- Various property damage, including serious or catastrophic failures including water damage.
- I am not sure if the Property has experienced any property damage.

How many leaks have occurred in the following locations where Kitec pipe or fittings were laid:

Open and accessible:

Behind Drywall:

In Concrete:

Describe in detail the damages or repairs, if any, including:

- Area repaired (e.g., bathroom, kitchen, garage, etc.)

- Type of fixture repaired (e.g., sink, hot water tank, toilet, etc.)

- Number of fittings and amount of pipe replaced/repaired _____



Actual cost or estimate of repair cost _____

Please provide documentation (i.e., repair estimates, bills, etc.) substantiating the problems and types of damage, and the cost estimates associated with the problems and damage.

G. REPAIR/ REPLACEMENT HISTORY:

Have you spent money repairing or replacing Insured's plumbing due to Kitec plumbing system damages?

Yes No Unknown

To your knowledge, has Insured spent money repairing or replacing its plumbing due to Kitec plumbing system damages?

Yes No Unknown

➔ **If Yes to either of the preceding questions, answer the following as completely as possible:**

Describe repairs that were made: _____

• Has Insured replaced any of Insured's plumbing: Yes No

a) Had Insured replaced Insured's plumbing in full or in part: In Full In Part

b) If Insured replaced Insured's plumbing in part, please identify the part of Insured's plumbing that was replaced:

• Date on which the work was done: / (Month/Year)

• State the name and address of the contractor or plumber:

Name

Street Address

City

State/Province

Zip/Postal Code

• Amount paid out-of-pocket to repair or replace the Kitec System: \$.00

• Amount paid out-of-pocket for damage to Property **other than** the Kitec System: \$.00

• Have you been reimbursed for any repair costs by any other third party?

Yes No

➔ **If Yes,** state the amount, date and source: \$.00 / (Month/Year)

• Have you been reimbursed by any other means? Yes No

➔ **If Yes,** state the amount, date and source: \$.00 / (Month/Year)

Enclosures Required: Proof of repairs, expenditures, and reimbursement (if applicable) described above.



IV. ACKNOWLEDGMENT OF CLAIMANT(S)

Claimants must acknowledge that they have read and agree to the following by filling in ALL of the circles (mandatory):

- SUBMISSION TO JURISDICTION OF COURTS. Members of the U.S. Class submit to the exclusive jurisdiction of the United States Court for all purposes associated with this Claim. Member of the Canadian National Class submit to the exclusive jurisdiction of the Ontario Superior Court of Justice for all purposes associated with this Claim. Members of the Quebec Class submit to the exclusive jurisdiction of the Superior Court of Quebec for all purposes associated with this Claim.
- VERIFICATION OF CLAIM AND WARRANTY. Insurance Carrier represents and warrants that the information, enclosures and supporting documentation submitted herewith are true, correct, and accurate, and that Insurance Carrier has provided all information available to it that is responsive to the questions in this claim form. Insurance Carrier specifically warrants that Insurance Carrier is the rightful and only owner (whether by subrogation or otherwise) or Assignee(s) 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. Insurance Carrier further represents and warrants: that the loss detailed on this claim form was actually paid by Insurance Carrier in the amount represented above; that Insurance Carrier has satisfied itself that the loss detailed on this claim form has been fully satisfied by Insurance Carrier, is not duplicative of any other claim by Insurance Carrier, Insured, or any other party made against or paid by any of the Released Parties, and Insured has not been compensated for the loss detailed on this claim form by any third party, including by the Claims Administrator, or made a claim against any third party for the loss detailed on this claim form.
- RELEASE. In consideration of the benefits provided by the Settlement, and subject to various paragraphs contained in the Settlement Agreement, Insurance Carrier hereby acknowledges that it has (and hereby does) fully and finally settled, released and discharged from the Released Insurer Claims (defined below) each and all of the Released Parties.
- Insurance Carrier further agrees to advise its Insured of this subrogated claim and Release and of the website, www.kitecsettlement.com, using the last known address of Insured or such other contact information as is available to Insurance Carrier, and Insurance Carrier further agrees to make such other appropriate disclosure as may be required by applicable local, provincial and state laws.
- Insurance Carrier hereby warrants and represents that Insurance Carrier has not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

“Released Insurer Claim” means any and all subrogation claims paid by Insurance Carrier arising from the Insurance Carrier Claim Number listed above, on any legal or equitable ground whatsoever, including relief under federal law or the laws of any state or province, regarding or related to the loss detailed on this Claim Form, and on account of or related to the Kitec System at the Property, which were alleged or could have been alleged in the Complaints in the actions consolidated in the U.S. Kitec MDL Class Action or in the Statements of Claim in the Canadian Actions. The Release provided by this Agreement shall be and is broad and expansive and shall include release of all damages, burden, obligation or liability of any sort, including, without limitation, penalties, punitive damages, exemplary damages, statutory damages, damages based upon a multiplication of compensatory damages, court costs, or attorneys’ fees or expenses, which might otherwise have been made by Insurance Carrier in connection with any claim relating to the Kitec System under the Insurance Carrier Claim Number referenced above. This Release includes all insurance subrogation claims paid under the Insurance Carrier Claim Number referenced above and related to the loss detailed on this Claim Form that Insurance Carrier has or may hereafter discover including, without limitation, claims, injuries, damages, or



facts in addition to or different from those now known or believed to be true with respect to any matter disposed of by this Agreement, but Insurance Carrier has fully, finally, and forever settled and released any and all such claims, injuries, damages, or facts whether known or unknown, suspected or unsuspected, contingent or non-contingent, past or future, whether or not concealed or hidden, which exist, could exist in the future, or heretofore have existed upon any theory of law or equity now existing or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law, or rule, without regard to the subsequent discovery or existence of such different or additional facts. Insurance Carrier expressly and intentionally waive any and all rights and benefits which it now has or in the future may have under the terms of the law (whether statutory, common law, regulation, or otherwise) of any other state or territory of the United States and/or Canada as related to matters arising from or in any way related to, connected with, or resulting from the loss detailed on this Claim Form. Released Insurer Claims do not include personal injury claims. The Released Claims shall not and are not intended to release the claims of the Insurance Carrier against the suppliers of raw materials, components or ingredients used in the manufacture of the Kitec System, which the Insurance Carrier hereby fully and forever assigns, transfers, and conveys to the IPEX Defendants. The Released Insurer Claims do not include certain specifically enumerated claims that an Insurance Carrier or Insured may elect to bring against a plumber, homebuilder, contractor or other product or service provider related solely and exclusively to the installation of the Kitec System only as follows for claims alleging specific installer failures of (1) a penetration of the pipe from a foreign object such as a nail; (2) improper attachment of the pipe fittings to plumbing fixtures or appliances; (3) improper stress on the Kitec System due to improper installation of pipe in framing members; (4) leaks at fittings due to a plumber-supplied malfunctioning pressure reducing valve not manufactured or sold by the IPEX Defendants and not part of the Kitec System; (5) leaks at fittings to plumbing fixtures interface due to age of fixture sealant components supplied or provided by a plumber; and (6) any similar installation issue wholly unrelated to the design, manufacture, or performance of the Kitec System and nothing herein shall permit Insurance Carrier to bring any other claims released above and by the Agreement including without limitation, claims for improper, insufficient, or negligent advice, recommendation, solicitation, or sale of the Kitec System, and that in no event shall any claim whose prosecution is permitted by this exception allege or purport to allege any wrongful act, error or omission, loss, or liability whether strict, or due to fault or otherwise, by any IPEX Defendant. I do not intend to create and do not believe that the reservation provided in this paragraph creates any basis for a claim of indemnification, contribution or any other claim, however denominated, by the non-party against the Released Parties. This provision is intended solely to preserve a Releasing Party's ability to seek relief against the non-released individuals or entities as expressly specified in this limited reservation.

“Released Party” means the IPEX Defendants and the IPEX Funding Entities, each of their administrators, insurers, reinsurers, agents, firms, parent companies/corporations, sister companies/corporations, subsidiaries and affiliates, and any IPEX sales agents and distributors; each of the wholesalers, retailers, plumbers, home builders, contractors, engineers, architects, and any other product or service provider who purchased, advised, recommended, sold, and/or installed the Kitec System; and all of the foregoing persons' or entities' respective predecessors, successors, assigns and present and former officers, directors, shareholders, employees, agents, attorneys, and representatives.



V. TAX INFORMATION (RESIDENTS OF THE UNITED STATES ONLY)

Awards, if any, cannot be paid without the Claims Administrator's receipt of the tax information requested below. The information is requested to allow the Claims Administrator to comply with the Internal Revenue Service information reporting requirements when, and if, required.

Question 1: Are you a FORMER owner of the Property for which you are filing this Claim Form?
 Yes No

Question 2: Have you previously deducted on your federal income tax return(s) the original cost of buying and installing a Kitec Plumbing System?
 Yes No

Question 3: If you previously repaired/replaced your Kitec Plumbing Systems, have you previously deducted on your federal income tax return(s) all of the repair/replacement costs?
 Yes No

Tax Identification Number

 —

or

Social Security Number

 — —

→ (If you do not have the above, write "Applied For")

By signing this Claim Form, I/we certify under penalties of perjury that:

- (1) the Taxpayer Identification Number(s) set forth in Section V is/are my/our correct taxpayer identification number(s) (or I/we am/are waiting for a number(s) to be issued to me/us) and that the information set forth in Section V is correct; and
- (2) I/we am/are not subject to backup withholding because: (a) I/we am/are exempt from backup withholding or (b) I/we have not been notified by the IRS that I/we am/are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we am/are no longer subject to backup withholding.

VI. CERTIFICATION

All the information that I/we supplied in this Claim Form is true and correct to the best of my/our knowledge and belief and this document is signed under penalties of perjury. By my/our signature(s) below, I/we also authorize the Claims Administrator to verify the Claim, including, by possibly retaining an Inspector to inspect the Kitec System in the Property.

Signature of Representative of Insurance Carrier Claimant

/ /

Date



THIS PROOF OF CLAIM AND RELEASE MUST BE SUBMITTED NO LATER THAN JANUARY 9, 2020, WHICH IS 8 YEARS AFTER THE EFFECTIVE DATE, AND MUST BE MAILED TO:

For deliveries via courier, use the following street address:

Kitec Claims Administrator		Canadian Kitec Claims Administrator
462 South Fourth Street 16th Floor	OR	1480 Richmond Street, Suite 204
Louisville, KY 40202		London, Ontario N6G 0J4

For deliveries via postal service, use the following address:

Kitec Claims Administrator	OR	Canadian Kitec Claims Administrator
P.O. Box 404000		P.O. Box 3355
Louisville, KY 40223-4000		London, ON N6A 4K3

A Claim Form received by the Claims Administrator shall be deemed to have been submitted when posted, if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim and Release shall be deemed to have been submitted when actually received by the Claims Administrator.

No acknowledgment will be made as to the receipt of Claim Form. You should be aware that it will take an amount of time to process fully 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 tabulate each Claim Form. **Please notify the Claims Administrator of any change of address.**

Privacy Statement

All information provided by the Claimant is collected, used, and retained by the Claims Administrator pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlement Agreement, including evaluating the Claimant's eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant, except in accordance with the Kitec Plumbing System Settlement Agreement or as otherwise required by law.

The "Claims Administrator" is defined as Gilardi & Co, LLC of San Rafael, California and NPT RicePoint Class Action Services of London, Ontario.



**ACCURATE CLAIMS PROCESSING TAKES TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above release and certification.
2. Remember to attach copies of supporting documentation.
3. Remember to submit the required physical samples.
4. Keep a copy of the completed Claim Form for your records.
5. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
6. If you move, or if this Notice was sent to you at an old or incorrect address, please provide us with your new address.
7. **If you have any questions concerning this Claim Form, contact the Claims Administrator by calling 1-877-337-1293, or by e-mailing: info@kitecsettlement.com, or by writing:**

For deliveries via courier, use the following street address:

Kitec Claims Administrator		Canadian Kitec Claims Administrator
462 South Fourth Street 16th Floor	OR	1480 Richmond Street, Suite 204
Louisville, KY 40202		London, Ontario N6G 0J4

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Kitec Claims Administrator		Canadian Kitec Claims Administrator
P.O. Box 404000	OR	P.O. Box 3355
Louisville, KY 40223-4000		London, ON N6A 4K3

Class Counsel urges you to send a completed form as soon as possible to assist us in the administrative process and to expedite your claim.

