

**IMPORTANT LEGAL MATERIALS**



**In re: George v. Uponor, No. 12-cv-249**

**UPONOR/WIRSBO PEX SYSTEM WITH UPONOR YELLOW BRASS FITTINGS CLAIM FORM**

Uponor Yellow Brass Fittings, the high zinc content brass products in this case, were made of UNS C36000, C37700, or C35330 brass or similar copper alloys and were used as components of a piping plumbing system (called the "Uponor/Wirsbo PEX System").

NOTICE: YOU MUST SIGN AND DATE THIS FORM TO BEGIN THE CLAIM HANDLING PROCESS.  
FAILURE TO SIGN AND DATE THIS FORM WILL RESULT IN THE AUTOMATIC REJECTION OF YOUR CLAIM.

**I. Claimant Information**

(A) Name of Property Owner: \_\_\_\_\_

(B) Name of Property Owner (if applicable): \_\_\_\_\_

(C) Name of Property Owner (if applicable): \_\_\_\_\_

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

If Making a Claim for a Business or Entity, Name of Business or Entity: \_\_\_\_\_

Name of person making a claim on behalf of Business or Entity: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Are you the current owner of the property?

YES       NO

If not, what dates did you own the property? \_\_\_\_\_

If an insurance claim has been on file, please enter the claim #: \_\_\_\_\_

**II. Claimant Contact Information/Mailing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      Wk Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_      E-Mail: \_\_\_\_\_

**III. Address of Affected Property (If different than mailing address)**

If you are filing for more than one property, you must submit a separate claim for each property. A PO Box is not an appropriate address, please enter the physical street address.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

**IV. Proof of Uponor Yellow Brass Fittings Property Damage in an Uponor/Wirsbo PEX System**

Date Uponor/Wirsbo PEX System was installed in your property:

Month (REQUIRED): \_\_\_\_\_ Year (REQUIRED): \_\_\_\_

**PLEASE PROVIDE PROOF OF EVIDENCE OF INSTALLATION DATES, SUCH AS COUNTY DOCUMENTATION/LETTER FROM BUILDER OR CONTRACTOR/ETC.**

If your home or building has a Uponor/Wirsbo PEX System with Uponor Yellow Brass Fittings you may be entitled to relief under this settlement. To verify your claim, please provide any or all of the following proof that your property has such a system:

- Physical Evidence, such as the Uponor Yellow Brass Fittings
- Copy of an inspection report identifying the Uponor/Wirsbo PEX System in your home/building
- Notarized Plumber’s affidavit confirming the Uponor/Wirsbo PEX System in your home/building
- Photograph, video, invoice or other documentation supporting your claim

**V. Prior Leaks of Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System**

Have you or someone on your behalf (like an insurance company or contractor) already paid for damage or repairs caused by a leak of Uponor Yellow Brass fittings in an Uponor/Wirsbo PEX System at this property?

YES  NO

List the date each leak occurred and the amount spent on damage or repairs:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

List additional leaks on another page, if needed.

**VI. Multiple Unit Buildings**

Are you making a claim for a building with multiple units or dwelling units, like a hotel or apartment building?

YES  NO

If you answered “yes” to the previous question, please describe the type of building and the number of dwelling units (apartments, condominiums, hotel rooms, etc.) in the building:

Type of building: \_\_\_\_\_ Total number of units: \_\_\_\_\_

How many of the dwelling units have sustained leaks of Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System?

Number of units with leaks: \_\_\_\_\_ Identify the unit numbers of units that have had leaks: \_\_\_\_\_

**VII. Reimbursement of Leak Expenses**

If you have incurred a qualifying leak in your Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System please submit evidence to verify your claim such as:

- Receipt for repair of leak
- Receipt for repair or replacement of damaged property
- Photos of repair to Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System
- Physical evidence, like the Uponor Yellow Brass Fittings which were replaced or re-fit due to leak

**VIII. Reimbursement for Uponor Yellow Brass Fittings in a Replacement of Uponor/Wirsbo PEX System**

If you have already replaced all or part of your plumbing system as a result of qualifying leaks of your Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System, you may be eligible for additional reimbursement. Please provide the proof of replacement such as:

- Receipts showing replacement or re-fit of all Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System because of qualifying leaks or restrictions in water flow
- Photos of replacement or re-fit of all Uponor Yellow Brass Fittings

**IX. Reduction in Water Flow**

Are you making a claim for low water flow?

YES       NO

Does the rate of water flow differ 50% or more between the hot and cold lines running to one or more fixtures in your Uponor Yellow Brass Fittings in an Uponor/Wirsbo PEX System when all other water fixtures are closed in the home or building?

YES       NO

List the date(s) the low-flow was confirmed:

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**X. System Replacement of System with Multiple Leaks**

Are you requesting a replacement of Fittings in your home or building?

YES       NO

If the answer to the previous question was “yes”, please answer the following:

Has your **single-family residence or dwelling unit** had two or more qualifying leaks?

YES       NO

-or-

Has the **multi-unit building** had qualifying leaks in 30% or more units?

YES       NO

**XI. Work Authorization**

By signing and returning this Claim Form, I accept the Settlement and authorize Uponor, Inc. to schedule inspection, repairs or a replumb of the property, if applicable.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I AGREE TO AN INSPECTION OF MY PROPERTY AND EXAMINATION OF MY RECORDS TO VERIFY THIS INFORMATION IF REQUIRED.**

**All owners of the subject property MUST sign this Claim Form.**

(A) Owner/Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

(B) Owner/Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

(C) Owner/Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Business or Entity Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**THIS FORM MUST BE SIGNED TO BEGIN THE CLAIM HANDLING PROCESS.**

Please make a copy of the completed form for your records.

Past Property Damage claims must be reported within 6 months of the entry of the Final Order and Judgment. Future Property Damage claims must be reported within 6 months of the date of the Occurrence. A Low Flow claim must be reported within 6 months of the date of the Occurrence. Payments will be mailed to Settlement Class Members who send in valid claim forms after the claim has been approved and processed. Please be patient.

E-mail completed forms to [Warrantyclaims.us@uponor.com](mailto:Warrantyclaims.us@uponor.com), or submit by mail to:

Uponor, Inc.  
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