

# U.S. ZAI Claim Form Instructions

## **CLAIMS Requirements / CLAIMS PROCESS:**

- Read the Claim Form Instructions and FAQs
- Submit a completed Claim Form WITH SIGNED DECLARATION
- Meet product identification (PID) requirement
- Pay a contractor for removal\*\*\*
- Submit BEFORE and AFTER photos & property photo (**Color photos required**)
- Submit invoices and acceptable proof of payment
- ZAI Trust reviews claim documents
- Reimbursement check is mailed to claimant

**\*\*\*You must have expended money to abate or contain the ZAI before you will be eligible for reimbursement.**

**Instructions for completing the Claim Form are listed below. For a complete explanation of the ZAI Trust procedures, please review the ZAI Trust Distribution Procedures available on the website.**

<b><u>PART I</u></b>	
<b>CONTACT INFORMATION</b>	
First, Last Name; Street Address; City, State, ZIP; Phone, Email, Preferred Contact Method	Contact information for the CLAIMANT(S), (the person who is legally making the claim). If the contact information changes before the claim is processed, please provide the ZAI Trust with updated contact information.
<b><u>PART II</u></b>	
<b>PROPERTY INFORMATION</b>	
Property Address, City, State, ZIP	Please provide the address of the PROPERTY that contains or contained the Zonolite Attic Insulation.
Structure Type	Provide the best description possible of the type of structure that contains or contained ZAI. Examples of structure types include: residence, cabin, garage, apartment, duplex, commercial building, or outbuilding.
ZAI Location	List where in the structure the ZAI is located. Examples of locations where ZAI is commonly found in a structure include attic or walls.
Date Built	Provide the approximate date the structure was built. If you do not know when the structure was built and have no way of obtaining that information, check "Unknown."
Approximate Date ZAI was installed	List the approximate date the ZAI was installed, if known. If you do not know, check "Unknown".
Approximate Date ZAI was removed, abated, or contained	List the approximate date the ZAI was removed, abated, or contained. If you do not know, check "Unknown".
The ZAI has not been removed	Check the box "Has not been removed" if the ZAI has not yet been removed, abated, or contained.
Own or Rent the Structure	Indicate here whether you owned or rented the structure at the time of removal. If neither applies, check "N/A".

**PART III****PRODUCT IDENTIFICATION.**

General Instructions

The product identification requirements depend upon whether the ZAI was removed before or after **6/16/2014** (the date the ZAI Trust became operational). Refer to the column on the claim form that fits your situation. See also [FAQs](#).

**FOR REMOVAL AFTER 6/16/2014****You must provide one of the items listed below:**

Receipt or Invoice of ZAI purchase

A receipt or invoice reflecting the purchase of ZAI for the structure can be provided as product identification.

ZAI bag or photos

A ZAI bag, portion of a ZAI bag, or multiple photographs of a ZAI bag (**where it was found in the structure**) may be considered as Product Identification. Photos must be in either .jpg or .png format. Each photo **MUST** include a piece of paper or mail with the claim property address in the frame of the photo. You must also provide a [ZAI Bag Declaration](#) (available on the website) from the homeowner or abatement contractor confirming that the bag was found in the structure's attic or other area in question. Bag photos are subject to a higher level of scrutiny. It is strongly recommended that you submit a sample. **False submissions of bag photos are considered to be FRAUDULENT.**

ZAI Sample (from the structure)

You may provide a sample of the ZAI from the structure. If you do so, you must include a [Chain of Custody Form](#) (available on the website) signed by you or a contractor that the insulation came from the structure in question. Be sure to follow the [ZAI Sampling Instructions](#) (available on the website). The Trust will have the sample tested by a certified lab to determine whether your vermiculite is the Zonolite brand and thus eligible for reimbursement.

**FOR REMOVAL PRIOR TO 6/16/2014****The following will also be considered:**

Contractor Certification

For removal prior to 6/16/14, you may provide a [Contractor Certification](#) (available on the website) as evidence of PID stating that vermiculite attic insulation was present in the structure, attested to by a licensed or certified asbestos abatement contractor who removed vermiculite from the structure.

Photos of the Zonolite in the structure before removal

For removal prior to 6/16/14, you may provide BEFORE and AFTER photos of the attic or other area in questions depicting the presence of the attic insulation and removal of ZAI **as evidence of PID**. You must also provide a [Declaration of Authenticity](#) (available on the website).

Lab Report confirming the presence of vermiculite

For removal prior to 6/16/14, an independent laboratory report can be provided as product identification, as long as it shows the presence of vermiculite in a sample taken from the structure.

Declaration of Installation

If you filed a timely ZAI Proof of Claim with the Bankruptcy Court (filing deadline was 10/31/2008) and have direct personal knowledge of the events surrounding the installation of ZAI in the structure, you may provide a [Declaration of Installation](#) (available on the website). The Declaration should include the following (1) that ZAI was installed in the structure; and (2) stating facts establishing your direct personal knowledge.

**If the ZAI has not yet been removed, skip PART IV and go to PART V to sign and submit the Claim Form.**

**PART IV**

**FUNDS EXPENDED TO REMOVE, ABATE, OR CONTAIN ZAI  
(including cost to REINSULATE)**

**(Expenses for remodeling or general upgrades are not reimbursable).**

<p>REMOVAL -Date Paid -Amount Paid -Name of Removal/Abatement Contractor</p>	<p>If you paid for the ZAI to be removed, abated, or contained from the structure, list the date paid, amount paid, name of the removal contractor or abatement company and attach <b><u>ALL</u></b> of the following documents:</p> <ol style="list-style-type: none"><li>1. A copy of the proposal <u>and</u> invoice.</li><li>2. Documentation evidencing payment. (One of the following is <b>REQUIRED</b>: front and back copy of cancelled check &amp; correlating bank statement OR credit card statement. <u>Receipts and Invoice marked PAID</u> are not sufficient)</li></ol> <p><b><u>PLEASE redact all but the last 4 digits of the account number on payment documents submitted! Statements must include the account holder's name and the relevant transaction information.</u></b></p> <ol style="list-style-type: none"><li>3. Original BEFORE and AFTER photos in JPG/PNG format depicting the vermiculite in the subject property, and that same area with the vermiculite removed. A street view photo of the property being claimed is also required. <b>Color photos required! No PDFS!</b></li></ol>
<p>REINSULATION -Date Paid -Amount Paid -Name of Re-Insulation Contractor</p>	<p>Expenses for Reinsulation can also be considered for reimbursement. If you incurred expenses to reinsulate the space where the ZAI vermiculite was removed, list the date paid, amount paid, name of the Reinsulation contractor or company, and attach <b><u>ALL</u></b> of the following documents:</p> <ol style="list-style-type: none"><li>1. A copy of the proposal <u>and</u> invoice OR receipt of purchased material</li><li>2. Documentation evidencing payment. (One of the following is <b>REQUIRED</b>: front and back copy of cancelled check &amp; correlating bank statement OR credit card statement. <u>Receipts showing payment and Invoice marked PAID</u> are not sufficient)</li></ol> <p><b><u>PLEASE redact all but the last 4 digits of the account number on payment documents submitted! Statements must include the account holder's name and the relevant transaction information.</u></b></p> <ol style="list-style-type: none"><li>3. Original BEFORE and AFTER photos in JPG/PNG format depicting the cleaned area where the vermiculite had been, and that same area with the new insulation in place. <b>Color photos required! No PDFS!</b></li></ol>
<p>Authorize Direct Payment to Contractor? -NO -YES</p>	<p>If you checked <b>NO</b>, go to PART V - (OWNERSHIP DECLARATION / SIGNATURE).</p> <p>If you checked <b>YES</b>, complete the contractor information.</p>
<p>Contractor Information -Amt Paid by CLAIMANT -Amt Owed To CONTRACTOR -Total Amount of Claim</p>	<p>If <b>YES</b>, please provide the name and address of the removal contractor or abatement company, the amount paid by the CLAIMANT to the contractor, the amount owed to the CONTRACTOR, the Total Amount of the Claim, and attach <b><u>ALL</u></b> of the following documents:</p> <ol style="list-style-type: none"><li>1. A copy of the proposal and invoice.</li><li>2. Documentation evidencing partial payment. (One of the following is <b>REQUIRED</b>: front and back copy of cancelled check &amp; correlating bank statement OR credit card statement.</li></ol> <p><b><u>PLEASE redact all but the last 4 digits of the account number on payment documents submitted! Statements must include the account holder's name and the relevant transaction information.</u></b></p> <ol style="list-style-type: none"><li>3. <u>Work Completion Certificate</u> (available on the website) signed by the contractor that the work reflected in the contract was performed to completion.</li></ol>

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**PART V**

**OWNERSHIP DECLARATION / SIGNATURE**

DECLARATIONS  
Signature  
Printed Name  
Location where signed

Review the declarations listed in this section on the Claim Form and sign under penalty of perjury that the information provided in the Claim Form, including the evidence attached, is true and correct to the best of your knowledge.

SUBMIT the Claim Form

ONLINE: If you are completing the claim form online, click the SUBMIT button, and continue the Claims Process by uploading all requested documents to the website.

EMAIL: If you are completing a paper form, and would like to submit your Claim Form by email, please scan the completed and signed Claim Form and all requested documentation, and send as an email attachment to [info@zaitrust.com](mailto:info@zaitrust.com).

U.S. MAIL: Please mail the Claim Form and all requested documents to the following address: ZAI Trust - 317 Wingo Way, Suite 303, Mt. Pleasant, SC 29464

**STATEMENT OF AUTHENTICITY**

The ***claimant*** bears the burden of providing the necessary evidence of each and every criterion necessary to establish eligibility under the TDP including all pictures, records and documents necessary to establish a successful claim.

This means that while a contractor or other professional may assist the claimant in collecting the necessary evidence (pictures, documentation, etc.) it is ***the CLAIMANT'S responsibility*** to review the evidence to ensure that it is authentic, not fraudulent, and meets the requirements of the TDP.

***Fraudulent or unauthentic pictures or other information provided by a claimant or a contractor on the claimant's behalf may be grounds to deny the claim in its entirety. Appropriate action may also be taken against the contractor or party providing the fraudulent information.***

In the event that the claim lacks required information or supporting documentation, ZAI will notify the claimant of the deficiencies and provide him or her an opportunity to correct the deficiencies.

Written affidavits or declarations, subject to penalty for perjury, by the claimant or any other person, may be accepted as evidence for purposes of establishing eligibility and may be relied on in determining whether a claim meets the requirements of the Trust for benefits if, and only if, such person attests that due diligence was used to obtain records in support of the claim, but that no such records exist.

A claimant will not be entitled to any favorable presumptions if, in the Trustees opinion, substantial evidence exists that rebuts the existence of the fact that is the subject of the presumption. Absent fraud, when such evidence exists, the claimant shall be notified and afforded the opportunity to submit additional documentation or records.

**APPEALS PROCESS**

Appellate rights are set forth on page 18 and 19 of the Trust Distribution Procedures ("TDP"). You can view the TDP on our General Information tab. Mediation, if requested, must be done within thirty days following the decision on your request for reconsideration. Arbitration, if any, must be requested within thirty days following the conclusion of mediation.