

ZAI TRUST
317 WINGO WAY, SUITE 303
MT. PLEASANT, SC 29464

US ZAI CLAIM FORM



Zonolite Attic Insulation ("ZAI")
Phone: (844) 924-2255
Fax: (843)388-3790
Email: info@zaitrust.com

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 (**Color photos preferred**)
- 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 can receive any reimbursement.**

PART I – CONTACT INFORMATION.

First Name: _____ MI: ____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone No: Home - _____
Cell - _____
Work - _____
Email Address (print clearly): _____
Preferred Method of Contact: _____

PART II – PROPERTY INFORMATION (Property that contains or contained ZAI).

Property Address: _____
City: _____ State: _____ Zip: _____
Structure Type: _____ ZAI Location: _____
(i.e. Residence, Garage, Apartment, Duplex, Outbuilding, Commercial) (Example: Attic)
Approximate Date ZAI was installed: _____ Unknown
Date Built: _____ Unknown
Approximate Date ZAI was removed, abated or contained: _____ Has not been removed
At the time of removal did you own or rent the structure? Own Rent N/A

PART III – PRODUCT IDENTIFICATION – See detailed Claim Form instructions.

In order to process your claim you must provide at least one form of documentary or other evidence that ZAI was installed in the property.
Valid forms of evidence are: (check box below and provide):

If ZAI was removed (or contained) prior to 6/16/2014,
please select from the following forms of evidence:

If ZAI was removed after 6/16/2014 or has not been removed, please
select from the following:

SEE INSTRUCTIONS for detailed information!!!!

- Receipt or Invoice of ZAI purchase
- ZAI bag or photos
- ZAI Sample (from the structure)
- Contractor Certification
- Photos of the ZAI in the structure before removal
- Lab Report confirming presence of vermiculite
- Declaration of installation (see instructions)

SEE INSTRUCTIONS for detailed information!!!!

- Receipt or Invoice of original ZAI purchase
- ZAI bag portion or photos of the bag
- A Sample from the structure. ZAI will test to determine if it is the Zonolite brand (see Sampling Instructions at www.zaitrust.com)

PART IV – FUNDS EXPENDED TO REMOVE, ABATE OR CONTAIN ZAI (INCLUDING COST TO REINSULATE) (Expenses for remodeling or general upgrades are not reimbursable. If you have not yet removed the ZAI, skip to Part V of the claim. You can return to complete when the ZAI has been removed or contained.)

If you have already paid for the ZAI to be removed, abated, or contained from the structure, please list the date paid, amount paid, name of the removal contractor or abatement company, and provide the following documents:

1. Original 'Before' and 'After' photos; AND
2. A copy of the proposal and invoice; AND
3. Documentation verifying ACTUAL amount paid (e.g. cancelled check, credit card statement, bank statement)

REMOVAL:

Date paid: _____ Amount Paid \$ _____ Name: _____
(Removal Contractor/Abatement Company)

REINSULATION:

Date paid: _____ Amount Paid \$ _____ Name: _____
(Reinsulation must be reasonably related to the abatement) (Reinsulation Contractor or Company)

Have you authorized payment by the Trust to be made directly to the contractor who removed, abated or contained the ZAI? (Claimant is responsible for payment of 45% of total applicable cost. See Claim Form Instructions and FAQs.)

No Yes

If Yes, 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, and attach the following documents:

1. A copy of the proposal and invoice; AND
2. Documentation evidencing any partial payment; AND
3. Certification from the contractor that the work reflected in the contract was performed to completion

Name and Address of Contractor to be Paid: _____ Amt Paid by CLAIMANT \$ _____
_____ Amt Owed to CONTRACTOR \$ _____
_____ Total Amount of Claim \$ _____

PART V – OWNERSHIP DECLARATION/SIGNATURE

By checking the boxes below I, the undersigned, hereby swear under OATH and DECLARE and ATTEST under penalty of perjury and all applicable laws against making false statements, to the following:

- I have read and understand the Claim Form Instructions and Statement of Authenticity
- I am authorized to file this claim regarding the property listed in PART II above.
- I am not aware of any other person(s) who may be entitled to assert a claim with respect to this property other than those who have already been disclosed to the Trust.
- All of the information provided in the Claim Form, including all evidence submitted, is true and correct to the best of my knowledge and belief.
- I am not related by blood or marriage to any of the service providers involved in this claim and if I am I have notified the Trust.
- I understand that providing false information, whether by me or someone acting on my behalf, may constitute a criminal offense and may be grounds for denying the claim in its entirety.
- By submitting a claim and supporting documentation, I authorize the ZAI Trust to contact any of my service providers, or other co-owners that may be identified, to verify the accuracy and authenticity of the documentation I have submitted.
- I understand that in order to be eligible for reimbursement the vermiculite must be shown to be the Zonolite brand.

DATE _____

SIGNATURE: _____

PRINT NAME: _____

WHERE SIGNED: _____

(CITY, STATE)