

Trabakoolas v Watts Water Tech.  
Claims Administrator  
PO Box 3170  
Portland, OR 97208-3170

### Claim Form Instructions

#### Watts Toilet Connector With Acetal Coupling Nut

#### ATTENTION WATTS TOILET CONNECTOR OWNERS:

Use this Claim Form if you own, owned, lease, or leased a residence or other structure located in the United States and have paid for the cost of damage or repairs related to the failure of a Watts Toilet Connector with an acetal Coupling Nut. Acetal is a type of plastic material. Persons that own a Watts Toilet Connector with an acetal Coupling Nut and persons, including their insurers, that have paid for the cost of damage or repairs related to the failure of a Watts Toilet Connector with an acetal Coupling Nut are eligible to submit a claim.

If you seek a remedy for property damages that occurred after **January 1, 2012**, you must complete and return this Claim Form postmarked on or before **August 4, 2019**.

To determine whether you are a class member eligible to make a claim or for more information regarding the Class Action settlement or the claims process, visit [www.ToiletConnector.com](http://www.ToiletConnector.com).

Please refer to the website and the settlement documents for an explanation of any required supporting documentation that you will need to submit with your claim. If you need more space for your responses, please attach additional sheets.

If you have any questions regarding this Claim Form or recovery under the settlement, you can call the Claims Administrator at 1-877-819-9632, and your questions will be answered at no cost to you, or you can access [www.ToiletConnector.com](http://www.ToiletConnector.com).

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

Watts Claims Administrator  
PO Box 3170  
Portland, OR 97208-3170



II. PROPERTY WHERE THE WATTS TOILET CONNECTOR IS LOCATED

A. Property Address

Property Address:

[Grid for Property Address: 30 empty boxes]

City:

[Grid for City: 25 empty boxes]

State:

[Grid for State: 2 empty boxes]

Zip Code:

[Grid for Zip Code: 5 empty boxes]

B. Insurers

- 1. If you are an insurer making a subrogation claim for amounts you paid due to the failure of a Watts Toilet Connector with an acetal Coupling Nut at the properties of others, please identify below the name and contact information of your insured for whom you paid a claim. (You must provide documentation of payment in order for your claim to be complete):

Payee Name:

[Grid for Payee Name: 30 empty boxes]

Payee Address:

[Grid for Payee Address: 30 empty boxes]

City:

[Grid for City: 25 empty boxes]

State:

[Grid for State: 2 empty boxes]

Zip Code:

[Grid for Zip Code: 5 empty boxes]

Daytime Phone Number:

[Grid for Daytime Phone Number: 12 empty boxes]

Evening Phone Number:

[Grid for Evening Phone Number: 12 empty boxes]

Fax Number:

[Grid for Fax Number: 12 empty boxes]

Email:

[Grid for Email: 30 empty boxes]

- 2. Claims of Settlement Class Members (individual property owners) and other Claimants (subrogated insurance companies) should be made jointly, where and if possible. If you seek to recover your insured's deductible, please identify the amount of the deductible below. If a subrogated insurance company makes a claim for its insured's deductible payment as part of its claim, that amount will be included as part of the total payment made to the insurance company from the settlement fund.

\$ [Grid for Deductible Amount: 8 empty boxes]

III. IDENTIFICATION OF WATTS TOILET CONNECTORS WITH AN ACETAL COUPLING NUT

A. Description of Watts Toilet Connectors with an acetal Coupling Nut

Do not submit a claim unless you have or had an eligible Watts Toilet Connector with an acetal Coupling Nut installed at your property. You can access photos and a description of the eligible Watts Toilet Connectors at [www.ToiletConnector.com](http://www.ToiletConnector.com).

**PROOF OF WATTS TOILET CONNECTOR**

**B. How did you determine that your structure contains a Watts Toilet Connector with an Acetal Coupling Nut? (Check all that apply.)**

- 1. Inspection of the connector
- 2. Connector packaging or label
- 3. Purchase records
- 4. Other (please identify):

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**Enclosures Required:** You must provide documentation proving ownership of an eligible Watts Toilet Connector and Coupling Nut. If you have the Watts Toilet Connector and Coupling Nut, include that with your claim submission. If you do not still have the Watts Toilet Connector and Coupling Nut, you must provide photographs showing the failure (crack or break) of the Coupling Nut AND the markings on the bottom of the Coupling Nut AND the crimp of the Toilet Connector. Examples of acceptable photographs can be found on the website for this case, [www.toiletconnector.com](http://www.toiletconnector.com), by going to the "Important Documents" page and clicking on the "Guidelines for Administering Claims" link. See pages 3 to 5 of the Guidelines for acceptable photographs. If you rely on evidence and/or documentation submitted by another claimant, please identify the other claimant and the evidence and/or documentation relied upon.

**NUMBER OF WATTS TOILETS CONNECTORS**

**C. How many Watts Toilet Connectors with an acetal Coupling Nut are in your structure?**

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**IV. PROPERTY DAMAGE REMEDY**

Complete this section if you wish to make a claim to recover payments you made to repair property damage caused by the failure of an acetal Coupling Nut of a Watts Toilet Connector.

**A. Description of Loss**

1. Identify the date of failure of the acetal Coupling Nut of a Watts Toilet Connector:

		-			-				
MM			DD			YYYY			

2. How many Watts Toilet Connectors with acetal Coupling Nuts do you allege failed? 

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6. The settlement does not apply to any claims that have been previously resolved by settlement or final judgment. Please identify below whether your claim was the subject of a settlement, an arbitration or court decision:

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**V. SETTLEMENTS**

**A. Have you entered into any oral or written settlement of the claims identified above, or received the benefit of any payments to you or on your behalf as a result of those claims?**  Yes  No

1. If yes, state the date and amount of settlement:

Date   -   -   \$       .

MM DD YY

If yes, please attach a copy of the Release or Settlement Agreement.

**VI. ADDITIONAL INFORMATION**

If you have any additional information which you would like us to consider in evaluating your claim, please attach that information as a separate document.

**VII. 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.

Signature

Date   -   -

MM DD YY

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