

# **EXHIBIT 1**

**CHINESE DRYWALL SETTLEMENT PROGRAM**

**CLAIM FORM FOR REAL PROPERTY PAYMENT**

*For the Four Virginia-based Class Action Settlements*

**THIS CLAIM FORM MUST BE COMPLETED, SIGNED, AND  
POSTMARKED ON OR BEFORE MONDAY, DECEMBER 16, 2013  
OR YOUR CLAIM MAY BE DENIED.**

**The Virginia Settlements**

On July 9, 2013, the Court issued an Order and Judgment granting final approval to four class action settlements (the “Virginia Settlements”) involving claims regarding Chinese Drywall brought by certain homeowners located primarily (but not exclusively) in Virginia against the following defendants:

- (1) Nationwide-related insurance companies and over thirty entities to whom they issued liability insurance policies (the “Nationwide Insureds Settlement”);
- (2) Venture Supply, Porter-Blaine Corporation, and their insurers, the Hanover-related insurance companies (the “Porter-Blaine/Venture Supply Settlement”);
- (3) Tobin Trading, Inc.; Builders Plaster & Drywall, LLC; JMM Drywall Co., LLC; and State Farm-related insurance companies (the “Tobin Trading and Installers Settlement”); and
- (4) Builders Mutual Insurance Company and nineteen entities to whom it issued liability insurance policies (the “Builders Mutual Insureds Settlement”).

Each of these Virginia Settlements is intended to resolve all personal injury and property damage claims against these defendants. According to the terms of the Virginia Settlements, the defendants will pay \$10,000,000.00 in the Nationwide Insureds Settlement; \$3,000,000.00 in the Porter-Blaine/Venture Supply Settlement; \$2,700,000.00 in the Tobin Trading and Installers Settlement; and \$1,700,000 in the Builders Mutual Insureds Settlement, each into separate funds (collectively, the “Settlement Funds”).

**Claim Form for Real Property Payment**

This Claim Form for Real Property Payment (“Claim Form”) sets forth your claim for recovery of a payment for damages to real property (for example, damages to buildings as opposed to damages to personal property). As explained further in subsequent pages, this Claim Form does not address damages related to certain Other Losses (for example, damages to personal property, personal injury, or certain losses associated with foreclosure or short sale). Based on the information provided in this Claim Form, you will later receive a separate Claim Form for Other Losses, if you qualify for the losses set forth in Section VIII.

Please carefully follow all of the instructions and complete this Claim Form as thoroughly and accurately as possible. Should there be insufficient space to list all relevant information, please attach additional sheets as described.

In addition to completing this Claim Form, you will need to attach and provide certain documents to support your claim. This Claim Form provides instructions concerning the additional documentation you need to submit. Please review all instructions carefully, and enclose all required documentation.

Once this Claim Form has been completed, it must be signed by the Claimant. If you are represented by an attorney, it is important to ask him or her any questions you have about this Claim Form before you sign it. If someone else prepared this Claim Form for you, review its contents carefully. You are responsible for the accuracy of all information provided in this Claim Form.

### **The Claims Process**

On July 9, 2013, the Court granted final approval of an **Allocation Plan** that determines how the Settlement Funds will be divided among qualified Claimants. In addition, the Court appointed a neutral third party, the **Garretson Resolution Group (“GRG”)**, as the **Special Master** in this settlement. GRG has extensive experience serving as Special Master, evaluating claims, and administering complex settlements nationwide.

As Special Master, GRG will evaluate all claims and proof materials based on objective criteria as set forth in the Court-approved Allocation Plan (including but not limited to, for example, the square footage of the Affected Property). After all Claim Forms, accompanying proof documents and materials, and objective criteria are evaluated for each potential Claimant, the Special Master will provide an Award Letter to each Claimant. Thereafter, each Claimant may ask the Special Master for reconsideration with respect to the objective criteria (“Reconsideration Request”). More information regarding how to prepare and submit a Reconsideration Request will be provided within the forthcoming Award Letter from the Special Master. The Special Master will review all Reconsideration Requests. Then, the Special Master will provide a Final Award Letter to all potential Claimants, indicating its final findings, the monetary value of the Claimant’s Gross Settlement Award for claims related to Real Property, any deductions or holdbacks, and an accounting of the Claimant’s Net Settlement Award for Real Property and disbursement. The Special Master’s Final Determination is final and non-appealable.

In order to provide settlement funds as soon as possible, funds will be allocated and disbursed in two waves pursuant to the Court’s July 9, 2013 published allocation plan. First, **eighty percent (80%)** of the total Settlement Funds available for distribution shall be set aside to provide **Real Property Payments** to qualified Claimants for damages to real property (for example, damages to buildings, as opposed to personal property). Each qualified Claimant’s individual **Real Property Payment** shall be calculated and allocated based on the total qualifying square footage (defined below in Section V) of that Claimant’s Affected Property, in proportion to the total qualifying square footage of all qualified Claimants’ Affected Properties.

Second, **twenty percent (20%)** of the total settlement funds available for distribution shall be set aside to compensate Claimants for **Other Losses**. Other Losses may include, but are not limited to, losses associated with foreclosure or short sale, lost equity, pre-remediation alternative living expenses, bodily injury, and damage to personal property. Each qualified Claimant’s payment for Other Losses, if any, shall be calculated and allocated based on several objective factors. Relative to the calculation of Real Property Payments, the calculation of payments for Other Losses is more complex and will require additional time. Therefore, in order to provide payment to qualified Claimants as quickly as possible, the Special Master will first allocate and disburse Real Property Payments, and thereafter allocate and disburse payments related to Other Losses. As indicated in the Court approved Allocation Plan, payments to Claimants with claims to multiple funds will be reduced by amounts recovered from earlier funds.

To facilitate this two-step process, you are now receiving this **Claim Form for Real Property Payment**, the first of two separate claim forms that may be sent to you. Within this Claim Form, please follow the instructions, complete all fields, provide requested documentation, and indicate for which of the Other

Losses you might also claim payment. Once you complete and return this Claim Form for Real Property Payment, GRG will review your elections regarding Other Losses and will send a second claim form, the **Claim Form for Other Losses**, to those claimants who qualify for such losses as set forth in Section VIII. It is important to understand that if you claim and qualify for both a Real Property Payment and a Payment for Other Losses, you will receive two claims forms, two Award Letters, and two disbursements—each separately and at different times. Again, this two-step process is designed to achieve substantial disbursement to qualified Claimants as quickly as possible.

### **DEADLINE**

In order to receive any Real Property Award, **this Claim Form and all required supporting proof must be returned by Monday, December 16<sup>th</sup>, 2013.** Claim Forms postmarked for return after this date will be rejected. The address to send the Claim Form and supporting proof is:

**Garretson Resolution Group  
c/o VA Chinese Drywall Special Master  
6281 Tri-Ridge Boulevard, Suite 300  
Cincinnati, OH 45140**

### **Multiple Affected Properties**

If any participating Claimant owns or has owned more than one Affected Property, that Claimant must complete and submit a separate Claim Form for each Affected Property.

### **Multiple Claimants per Affected Property**

If more than one Claimant owns or has owned the same Affected Property, please provide the requested information for each Claimant in Section I.A (the first Claimant), I.B (the second Claimant, if any), and Section I.C (the third Claimant, if any). If only one Claimant owns, has owned, resides in, or has resided in the Affected Property, please skip sections I.B and I.C.

### **Tenant Losses**

If you have resided in but have not owned an Affected Property, you are ineligible to receive a Real Property Payment. However, you may be eligible to receive an Other Losses Payment. If you have resided in but have not owned an Affected Property, please complete ONLY Section VIII below, “Request for Claim Form for Other Losses.”

### **Authorized Representatives**

If you are an Authorized Representative making a claim on behalf of a person who is lacking capacity or incompetent, or deceased, please provide the information requested for the person for whom you are making the claim.

**General Instructions**

Submit this Claim Form, W-9 Form (attached as Appendix A), and any data, documentation, or records you choose to submit in support of your claim to the Special Master at the following address:

**Garretson Resolution Group  
c/o VA Chinese Drywall Special Master  
6281 Tri-Ridge Boulevard, Suite 300  
Cincinnati, OH 45140**

Print or type all responses. Attach additional copies of sections if needed. In completing this form, you must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, please provide as much information as you can. If you are represented by counsel, you should consult with your attorney if you have any questions regarding the completion of this form. Your attorney may assist you in completing this form. You must provide the documents and other evidence that are required by this document to prove your claim. You should submit all of your materials together. You should retain the original documents related to all copies submitted to the Special Master.

**Do not send any original documents. Please attach and provide photocopies.**

**GRG will not return any documents that are submitted with this Claim Form.**

**I. PERSONAL AND BACKGROUND INFORMATION OF CLAIMANT(S)**

**A. CLAIMANT 1**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (Daytime) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number (Evening) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number/Other State ID: \_\_\_\_\_ State \_\_\_\_\_

Claimant Type  Person(s)  Business

If the Claimant is a Business, the Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

How should the Special Master communicate with you in connection with your claim?

- Mail  E-mail  Telephone  Attorney

**B. CLAIMANT 2 PER AFFECTED PROPERTY (Please complete only if applicable.)**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (Daytime) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number (Evening) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number/Other State ID: \_\_\_\_\_ State \_\_\_\_\_

Claimant Type  Person(s)  Business

If the Claimant is a Business, the Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

How should the Special Master communicate with you in connection with your claim?

Mail  E-mail  Telephone  Attorney

**A. CLAIMANT 3 PER AFFECTED PROPERTY (Please complete only if applicable.)**

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (Daytime) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number (Evening) (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (if any) \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number/Other State ID: \_\_\_\_\_ State \_\_\_\_\_

Claimant Type  Person(s)  Business

If the Claimant is a Business, the Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

How should the Special Master communicate with you in connection with your claim?

Mail  E-mail  Telephone  Attorney

**II. REPRESENTATION BY LEGAL COUNSEL**

Are you represented by any lawyer in connection with this claim?

Yes  No

If “Yes,” please provide your lawyer’s name, law firm, and contact information (Please note that all communications about your claim will be made to your lawyer.):

Lawyer’s First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Law Firm’s Name \_\_\_\_\_

Law Firm’s Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Lawyer’s Telephone Number (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Lawyer’s Fax Number (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

Lawyer’s E-mail Address \_\_\_\_\_

**III. PERSONAL REPRESENTATIVES**

Are you submitting this claim on behalf of a minor, deceased, or incompetent Claimant who owns, has owned, resides in, or has resided in the Affected Property?

Yes  No

If “Yes,” provide your name and Social Security Number or Driver’s License Number:

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver’s License Number/Other State ID: \_\_\_\_\_ State \_\_\_\_\_

**IV. GENERAL ELIGIBILITY**

A. Check only one box below:

**I own, have owned, reside in, or have resided in an Affected Property** containing defective Chinese Drywall, and the Affected Property’s builder, installer, supplier, distributor, developer, and/or other entity **is participating** in one of the Virginia Settlements.

Yes  No

B. If you answered yes above, check only one box below (only if you own or have owned an Affected Property):

I purchased the Affected Property **with knowledge** that it contained Chinese Drywall.

I purchased the Affected Property **without knowledge** that it contained Chinese Drywall.

**V. DESCRIPTION OF THE AFFECTED PROPERTY**

A. Street Address

Affected Property Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

B. Type of Property (Check all that apply.)

- Residential  Apartment
- Condominium  Multi-Family
- Commercial

C. Relationship to Affected Property (Check all that apply.)

- Owner  Resident
- Landlord  Tenant (e.g., one renting or leasing)

D. Total Square Footage

In the following space, write the number of the total square feet under air of this Affected Property. Square footage under air is defined as area within the house that receives ventilation from the home's heating and air systems. The Total Square Footage does not include garages or unfinished attics or basements that are not included in this ventilation system.

**Total Square Footage:** \_\_\_\_\_ square feet

## VI. PARTICIPATING DEFENDANTS

A list of defendants that are participating in the Virginia Settlements (“Participating Defendants”) is provided below. Each Participating Defendant in this list has been grouped according to its related insurer and settlement.

For each Participating Defendant listed below, please check the corresponding box if the individual or entity listed was the builder, developer, installer, distributor, broker, or supplier that put the Chinese drywall within the Affected Property. **Please check all that apply.**

Following each page, **please attach proof documents** demonstrating that the individual or entity you selected below was the builder, developer, installer, distributor, broker, or supplier that put the Chinese drywall within the Affected Property. Examples of proof documents include, but are not limited to, photographic evidence, sales or delivery records, inspection reports, or other proof that demonstrates that the individual or entity selected was the builder, developer, installer, distributor, broker, or supplier that put the Chinese drywall within the Affected Property.

### NATIONWIDE PARTICIPATING DEFENDANTS

- AHJV, LLC
- Ainslie Group, Inc.
- Ainslie Widener, Inc.
- American Eastern, Inc.
- Area Builders of Tidewater, Inc. (n/k/a ABT Custom Homes, LLC)
- Atlantic Homes, LLC
- Case Handyman & Remodeling Servs.
- CG Stony Point Townhomes, LLC
- Clarke-Whitehill Enterprises, Inc.
- DSG Construction, Inc.
- Fabian Franco Perez
- Franciscus Homes, Inc.
- Greensprings Condominiums, LLC
- Greensprings Plantation, Inc.
- HHJV, LLC

*(Continued on the following page.)*

- Lazaro Miranda dba Work Company, Drywall & Plaster (a/k/a Lazaro Morales dba Work Company, Drywall & Plaster)
- Nationwide Mutual Insurance Company
- Nationwide Mutual Fire Insurance Company
- Nationwide Property & Casualty Insurance Company
- Next Level Group, LLC
- Nicholas Vandergrift, dba Nicholas & Co. Construction, LLC
- Overlook Point, LLC
- Peak Building Corporation
- Plantation Group LLC
- Preserve Development LLC
- Residential Concepts, Ltd.
- Robert Hodgson
- Rose & Womble Realty Co.
- Scott Taylor Plastering, Inc.
- The Classic Group, Inc.
- The Overlook LLC
- Wellington LLC
- Work Company, Drywall & Plaster
- Wyndham LLC
- Wyndwil LLC

PORTER BLAINE/VENTURE PARTICIPATING DEFENDANTS

- The Porter-Blaine Corp.
- Venture Supply, Inc.

TOBIN TRADING AND INSTALLERS PARTICIPATING DEFENDANTS

- Tobin Trading, Inc.
- Phillip Perry

*(Continued on the following page.)*

INSTALLERS AND STATE FARM PARTICIPATING DEFENDANTS

- Builders Plaster & Drywall, LLC
- JMM Drywall Co., LLC

BUILDERS MUTUAL PARTICIPATING DEFENDANTS

- ABS Building Corporation
- American Better Living, LLC
- David Daniels
- Genesis Group, Inc.
- Harbor Walk Development, LLC
- Jerome Henin
- International Property Investments of Central Florida, Inc., d/b/a Henin International Services
- M&M Contracting
- Oxfordshire, LLC
- Parallel Design & Development
- Powell Development, LLC
- Premier International Realty, Inc. d/b/a Henin Realty
- Rob Lang Builder, Inc.
- Rob and Fiona Lang
- Tech Building Corporation
- The Futura Group
- Total Home Renovation, LLC
- Traderscove Corporation d/b/a Henin Group
- Wermers Development, Inc.

Other Unlisted Parties which might be Insured by Participating Defendants

The preceding list is believed to include all Participating Defendants. However, it is possible that a Claimant might have a claim against a person or business that is not listed, but which was insured by a Participating Insurer.

If you believe that the individual or entity that was the builder, developer, installer, distributor, broker, or

supplier that put the Chinese drywall within the Affected Property **is not listed in the preceding pages, but was insured by one of the Participating Defendants**, please complete the following section.

To the extent this information is available to you, please describe the nature of your claim, the state in which this claim arose, and the relationship between the unlisted party and a Participating Defendant. The Special Master will determine whether the claim is compensable pursuant to the Virginia Settlements and, if so, from which of the Settlement Funds.

**Unlisted Party: Name and Address**

Name of Unlisted Person or Organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**State in which the Claim Arose** \_\_\_\_\_

**Nature of Claim and Relationship to Participating Defendant:**

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**Attach copies of documents supporting this proof requirement behind this page. If you require additional space, or to submit claims against several unlisted parties, you may attach additional pages and provide the information requested above for each party.**

**VII. PROOF REQUIRED FOR PAYMENT FROM THE REAL PROPERTY FUND**

A. Instructions

The following pages include a checklist of the items of proof that are required in order to qualify for payment from the Real Property Fund. Please follow these steps to complete:

1. For each proof requirement (there are 7 types of proof requirements listed below), place a checkmark in the corresponding box to indicate whether you have attached and are submitting the requested item of proof.
2. Then, insert **copies** of any documents supporting each required item of proof **behind each respective page**.
3. Upon submitting documents, you should have one cover page for each item of proof, with any and all supporting documents included behind that cover page.

B. Required Proof Checklist

In order to qualify for benefits of the Real Property Fund, a participating Claimant must submit the following proof. For each item of proof requested, check the corresponding box within the checklist below to indicate that the required proof has been attached and submitted. Then attach **copies** of supporting documents behind each respective page.

Please complete each Proof Requirement section below:

**Proof Requirement #1: Physical proof that the property has or had Chinese Drywall**

Examples: photographic evidence, sales or delivery records, inspection reports, or other proof that demonstrates that the property has or had Chinese Drywall. Check all boxes that apply:

- I have documents supporting this proof requirement, and I have inserted copies of these documents behind this page for submission.
- I do not have documents supporting this proof requirement, or I have not submitted these documents.

To expedite the evaluation of your claim, please **briefly** describe the documents and proof you have submitted, if any. This description is not a substitute for copies of the proof documents.

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**Attach copies of documents supporting this proof requirement behind this page.**









**Proof Requirement #6: Proof, such as pleadings or other court documents, that the participating Claimant filed and served his or her claims within the Applicable Statute of Limitations.**

The applicable Statute of Limitations refers to the time within which a participating Claimant had to **file and serve** his or her claims arising from Chinese Drywall under the laws of the state or commonwealth in which the Affected Property is located. This is a legal determination and it is recommended that the Claimant seek advice from an attorney before completing this section.

Enter the date on which you first became aware of defective Chinese Drywall in this Affected Property:

(mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the date on which you filed a legal complaint against the Participating Defendants, alleging damages relating to the presence of Chinese Drywall in the Affected Property.

(mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the date Defendant was served or answered legal complaint.

(mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check all boxes that apply:

I filed and served a legal complaint against the Participating Defendants within the applicable Statute of Limitations alleging damages relating to the presence of Chinese Drywall in the Affected Property. If so, enter the docket number of the filed complaint and the Court it was filed in:

Docket Number: \_\_\_\_\_  
Court: \_\_\_\_\_

I have documents supporting this proof requirement, and I have inserted copies of these documents behind this page for submission.

I do not have documents supporting this proof requirement, or I have not submitted these documents.

To expedite the evaluation of your claim, please **briefly** describe the documents and proof you have submitted, if any. This description is not a substitute for copies of the proof documents.

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**Attach copies of documents supporting this proof requirement behind this page.**



## VIII. REQUEST FOR CLAIM FORM FOR OTHER LOSSES

**Within this Claim Form for Real Property Payment, please follow the instructions and indicate for which of the Other Losses you might also claim payment.** Once you complete and return this Claim Form for Real Property Payment, GRG will review your elections. Thereafter, **GRG will send a second claim form**, the Claim Form for Other Losses, **based on your elections below**. Please check the box next to each of the Other Losses that you might claim. Please check all that might apply, and the corresponding Claim Form for Other Losses will be sent to you:

**Foreclosure with Lost Equity**

To the extent that recovery from the Real Property Funds is insufficient to compensate Claimants with Foreclosed Properties for Lost Equity, an amount will be determined by the Special Master to compensate for the remaining Lost Equity (but not lost anticipated market value) in the Foreclosed Property.

**Sales in Mitigation**

To the extent that recovery from the Real Property Funds is insufficient to compensate Claimants for Lost Equity who, due to the presence of Chinese Drywall, sold Affected Properties in an attempt to mitigate their losses, an amount will be determined by the Special Master to compensate for the remaining Lost Equity in the sold property.

**Pre-Remediation Alternative Living Expenses**

Pre-Remediation Alternative Living Expenses are defined as alternative living expenses arising from the need to vacate the Affected Property **incurred prior to remediation** as a result of property damage caused by Chinese Drywall. This shall not include alternative living expenses during remediation, as that is reimbursed by the Real Property Fund. Additionally, this will not include situations in which a Claimant moved out of the Chinese drywall home in response to military orders to relocate.

**Tenant Losses**

Tenant Losses include moving expenses (if the tenant is displaced due to remediation) and tenant-owned personal property damage (such as damage to tenant-owned jewelry or appliances).

**Bodily Injury**

Bodily Injury includes bodily injury, supported by medical records demonstrating that bodily injury was caused by Chinese Drywall, for which the Claimant sought medical treatment.

**Personal Property**

Personal Property damage includes damage caused by Chinese Drywall to personal property, such as jewelry or appliances.

**Other Losses**

The Special Master, in its discretion, may consider and allow claims that are not explicitly provided for herein, so long as the claims are equitably justified and do not involve claims for the specifically enumerated Other Loss Exclusions below. In considering any such additional claims, the Special Master may, in its discretion, adjust the amount of the claims so as to protect Other Loss funds for other Claimants.

**Other Loss Exclusions.** Other Loss does not include damage or loss for stigma, injury to reputation, loss of enjoyment of home, psychological or emotional injury, medical monitoring, injury to reputation, credit rating loss, legal and accounting expenses, loss of investment opportunity, and any other loss or damage

not covered herein.

## IX. FEDERAL TAX FORM

Certain federal IRS tax regulations require each Claimant to complete Form W-9 in order to receive payment from the Virginia Settlements.

Please locate Form W-9 at the end of this Claim Form packet. Please complete Form W-9, and enclose and return the completed form with your Claim Form.

**You must return the completed Form W-9 in order to receive any payment.**

## X. RELEASE

The Virginia Settlements received final approval from the Court on July 9, 2013. This Court Order released all Participating Defendants from liability to Class Members relating to Chinese Drywall damage at Class Members' Affected Properties. If you did not choose to opt out of the Settlement Agreements by the May 16, 2013 opt out deadline, **you are bound by the Court's Order releasing Defendants, regardless of whether you submit a claim form.** You must submit this claim form by the December 16, 2013 deadline in order to recover from Participating Defendants for Chinese Drywall damage. If you fail to submit this claim form, you will give up your rights to recover from Participating Defendants for damages you incurred from Chinese Drywall at your Affected Property.