

**AERT**  
**Attn: Claims Administrator**  
**P.O. Box 1237**  
**Springdale, AR 72765**  
**Toll Free Line: (877) 220-6624**

[www.AERT.com/class\\_action\\_settlement.asp](http://www.AERT.com/class_action_settlement.asp)

Complete this form if you are submitting a claim for mold or mildew in the ChoiceDek Class Action Settlement.

Claim Forms must be postmarked no later than 6 months after the "Settlement Final Approval Date," which has yet to be determined. Please call the toll free number, or visit the settlement website for updates on the deadline.

Claimant Name \_\_\_\_\_

### CLAIM FORM

**YOU SHOULD ATTACH THE FOLLOWING DOCUMENTS WITH THIS CLAIM FORM:**

- Photographic Proof of the mold and mildew on your ChoiceDek product
- Proof that you own the property on which the deck in question is located
- Photograph of a board end showing the date of manufacture stamp
- Your sales receipt evidencing when you purchased your ChoiceDek product.

#### I - GENERAL INSTRUCTIONS

- A. Type or legibly print all information in blue or black ink.**
- B. Answer all questions on the Claim Form.**
- C. Sign and date the Claim Form under penalty of perjury. Your signature is certification that all information on this form is true and correct under penalty of perjury and that you authorize AERT to enter your property, clean your deck and remove a sample of your deck as part of its investigation of this claim. If it is necessary to remove a sample of your deck, AERT will replace the sample with a new piece of ChoiceDek material. AERT will attempt to use a similar type of replacement board; however, depending upon the age, color and style of your deck, there may be some variance in style and color.**
- D. Make a copy of the completed Claim Form and accompanying documents and photographs for your files. Mail the original Claim Form along with the accompanying photographs and documents to AERT.**
- E. If you need additional room to answer the following questions, attach additional sheets.**
- F. Check all boxes for which you are supplying the requested documentation.**

#### II - PRELIMINARY QUESTIONS

- 1. Was your ChoiceDek Product purchased on or after January 1, 2004?  Yes  No
- 2. Was your ChoiceDek Product purchased before January 1, 2008?  Yes  No
- 3. Are you currently experiencing mold spotting on your ChoiceDek Product?  Yes  No

#### III - CLAIMANT INFORMATION

- 4. **Name of Claimants:**  
Last: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Last: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
- 5. **Claimants' Address:**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_
- 6. **Claimant Phone Numbers:**  
Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_
- 7. **Dates of Birth** (mm/dd/yyyy): \_\_\_\_|\_\_\_\_|\_\_\_\_ and \_\_\_\_|\_\_\_\_|\_\_\_\_
- 8. **Proof of Property Ownership:** Who are the legal owners of the property where the deck is located?  
\_\_\_\_\_  
\_\_\_\_\_

When did you purchase the property: \_\_\_\_\_

You must include documentation proving that you own the property in question such as a copy of the local appraisal assessment, mortgage statement, or deed record showing the name of the owner of the property in question.

**Yes**  **No** Have you attached proof that you own the property in question? If no, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

9. **Address and directions to property:** *Directions must begin at a major highway or town.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV – CHOICEDEK INFORMATION

For purposes of this settlement, "Product" is defined as ChoiceDek decking and railing products manufactured by AERT. You must provide the following proof in order to participate in the settlement:

10. **Product Information**

Dates of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Type and Color of ChoiceDek Product Purchased: \_\_\_\_\_

Place of Purchase: \_\_\_\_\_ (Store Address, City, and State)

Address where deck installed: \_\_\_\_\_  
\_\_\_\_\_ (Street, City, State, and Zip Code)

List of materials purchased: \_\_\_\_\_

Who installed the deck? \_\_\_\_\_

11. **Receipt** – With this Claim Form, send a photocopy of your itemized sales receipt for the ChoiceDek Product that was purchased. Have you attached a copy of your receipt(s).  **Yes**  **No**

If you have **not** attached a copy of your receipt(s), explain why you have not done so and state whether you have a copy of your receipt(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have **not** attached a copy of your receipt(s), state whether you can produce any other evidence establishing the date on which you purchased your ChoiceDek and state what that evidence is. Also, include it with your Claim Form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have **not** attached a copy of your receipt(s), but you have other evidence establishing the date on which you purchased your ChoiceDek, confirm that you are attaching a copy of that other evidence with your claim form.

**Yes**  **No**

12. **Proof of Gapping** – Describe the amount of gapping between the boards on your deck. Please provide the average gapping to the nearest 1/32 of an inch. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Mold Spotting** – State the approximate date when mold or mildew first appeared on your ChoiceDek product after it was purchased by you:

Date mold first appeared: \_\_\_\_\_

Date decking installed: \_\_\_\_\_

14. **Photo of Board End** – With this Claim Form, send a photograph of a board end which clearly shows the manufacturer’s date stamp.

**Yes**  **No** Have you attached a photograph of a board end with the manufacturer’s date stamp?

The manufacturer’s date stamp will appear in one of the following formats:



Do **not** provide a photograph of the following tag because it is **not** the manufacturer’s date stamp:



15. **Cleaning** – Did you periodically sweep your deck and keep it free of debris?  Yes  No If yes, please (a) state the frequency with which you swept your ChoiceDek deck, and (b) the dates on which you swept your deck. If you do not recall exactly, provide the approximate dates: \_\_\_\_\_

\_\_\_\_\_

List the frequency with which you cleaned your ChoiceDek Product, along with all of the dates on which you cleaned it. If you do not recall exactly, provide the approximate dates: \_\_\_\_\_

\_\_\_\_\_

List the materials and method you used during each cleaning, and any antimicrobials: \_\_\_\_\_

\_\_\_\_\_

State whether the cleaning(s) were successful: \_\_\_\_\_

\_\_\_\_\_

For each cleaning listed above, state whether mold or mildew spotting returned, if ever, and when. If you do not recall the exact date(s), provide the approximate dates: \_\_\_\_\_

\_\_\_\_\_

16. Please provide a description of the mold spotting or other issues relating to your ChoiceDek Product:

\_\_\_\_\_

\_\_\_\_\_

Is there any other staining (grease, debris from trees, BBQ grille, berries, mud, etc.)?

\_\_\_\_\_

\_\_\_\_\_

- 17. **Proof of Significant Mold Spotting** – Attach photographs showing that your deck has significant mold spotting. You must send a minimum of ten (10) date-stamped, color photographs taken with a film camera or digital camera with a minimum resolution of 3 megapixels and consisting of:
  - a) Three (3) photograph that capture your entire deck, taken from different vantage points;
  - b) Three (3) “close-up” photographs, each from a different location, on your deck taken at approximately noon. Pick locations that show the mold spotting on your deck. Note: please mark or identify the exact locations at which you take these photographs, as you will have to take follow-up photographs of these same 3 locations at dusk, as described in section (c) below. Place a ruler or tape measure across the width of the board you are photographing. Take each photograph so that six inches of the ruler or tape measure consumes the majority of the shorter edge of the photograph. The photographs should look similar to the examples below.



OR



- c) Three (3) “close-up” photographs taken at dusk from the same three locations as in (c) above. Place a ruler or tape measure across the width of the boards you are photographing in the same locations that were photographed earlier at noon. As before, take each photograph so that six inches of the ruler or tape measure consumes the majority of the shorter edge of the photograph. The photographs should look similar to the examples above. When you submit the photographs, staple the noon and dusk photographs of each location together.
  - d) One (1) photograph taken during the day as close to the center of the deck as practicable. Please take the photograph by pointing the camera down at the deck from a height of approximately four feet, without zooming in, and with at least six inches of a ruler or tape measure laying across the deck and visible in the photograph;
18. **Deck Size** – Please provide the square footage of your deck. Please also describe whether your deck includes ChoiceDek railings, facing, etc., and, if so, the linear footage of it.

Square footage, including stairs, etc.: \_\_\_\_\_

Linear footage of any railings, facings, etc.: \_\_\_\_\_

Are other non-ChoiceDek materials incorporated into the deck (i.e., pine, cedar, Trex composite decking, etc.)? If so, please describe the other materials and the manner in which they are incorporated into the deck.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### V – PRIOR CLAIM INFORMATION

Have you ever made a warranty claim to AERT or Weyerhaeuser for your ChoiceDek product?  Yes  No

If yes, please provide the approximate date when you made the claim: \_\_\_\_\_

- Please include copies of previous warranty claim documents.

Have you ever received any prior relief, in any form, from AERT, Weyerhaeuser or Lowe's relating to your ChoiceDek product?  Yes  No Type of relief and value of relief received if known? \_\_\_\_\_

\_\_\_\_\_

- Please include any documentation you received.

**VI – ASSISTANCE WITH THIS CLAIM FORM**

If you paid or plan to pay anyone to help you prepare this Claim Form, please provide that person's name, company, address, and phone number in the space provided:

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**VII – PROPERTY INSPECTION**

**Property Inspection:** You are not required to be present at the inspection and cleaning. By signing this Claim Form you agree that an inspector may: enter your property; clean your deck, and remove a sample of your deck as part of its investigation of this claim. If it is necessary to remove a sample of your deck, AERT will replace the sample with a new piece of ChoiceDek material. AERT will attempt to use a similar type of replacement board; however, depending upon the age, color and style of your deck, there may be some variance in style and color.

Do you wish to be present for the inspection?  Yes  No

If you check yes, the inspector will contact you to set up an appointment. If you set an appointment with the inspector to be present at the time of the inspection, and you are not present when the inspector arrives, the inspector will proceed with the inspection in your absence.

Please indicate the best time to contact you: \_\_\_\_ a.m. \_\_\_\_ p.m.

**Please note:** The inspector is not allowed to discuss the results of your claim or any other aspect of the settlement with you at the time of inspection. The findings will be mailed to you by AERT.

Please indicate whether there are dogs, locked gates or other obstructions on the property that will prevent or affect access for the inspector.  Dogs  Locked Gates

What obstructions, if any, exist on the property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII - CERTIFICATION**

I have read this Claim Form and declare and attest under penalty of perjury that the information contained in this Claim Form and accompanying material(s) are true and correct and that the above statements are true and correct.

I hereby authorize AERT and its vendors to enter my property; clean my deck; and remove a sample of my deck as part of its investigation of this claim. I also agree to cooperate with AERT in the investigation of this claim.

Any person who knowingly supplies false information may be subject to criminal and civil penalties.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Date

Please mail completed claim form and attachments to:

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