

**SSV CLAIM FORM**

1. **Name of Property Owner(s) (Class Member):** \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip: \_\_\_\_\_

2. **Subject Property:** Address: \_\_\_\_\_  
(if different from above) City, State: \_\_\_\_\_  
Zip: \_\_\_\_\_

3. **Class member telephone number(s):** Day: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Evening: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

4. **SSV Countertop purchased from:** Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

5. **SSV Color/Pattern:** \_\_\_\_\_ **Install Date:** \_\_\_\_\_

6. **Invoice enclosed:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Invoice indicates price for SSV countertop:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Invoice indicates installation date for SSV countertop:** \_\_\_\_\_ Yes \_\_\_\_\_ No

» Wilsonart will work with you to try and establish acceptable evidence of purchase and installation; however, determining the warranty period is essential to processing your claim and after July 1, 2009, if the installation date is not determinable from invoice provided, warranty registration card or other appropriate evidence, Wilsonart will deny the claim in accordance with the claims procedures.

7. **Enclosed evidence of property ownership, please provide one of the following:**  
(Must show name and address and have current date information)  
\_\_\_\_\_ Copy of property tax bill      \_\_\_\_\_ Copy of the deed  
\_\_\_\_\_ Copy of mortgage statement      \_\_\_\_\_ Copy of mortgage coupon w/property address

8. **Enclosed schematic/drawing of SSV installation with measurements:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Please indicate all SSV countertop measurements including those that do not have cracking/delamination)

9. **Enclosed photographs to verify SSV product and close up clearly showing the cracked and/or delaminated surface:** \_\_\_\_\_ Yes \_\_\_\_\_ No

10. **Description of the cracking/delamination:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Are you the original owner of the property and had SSV installed?** \_\_\_\_\_ Yes \_\_\_\_\_ No

12. **If you are not the original owner who had SSV installed, please identify the person from whom you purchased the property:** \_\_\_\_\_

**I certify that the information provided Wilsonart is true and correct. I understand that I must provide complete and accurate information in order for the claims administrator to process my claim.**

**Signature of Class Member:** \_\_\_\_\_