

**Chemtool Class Action Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009**

Grasley, et al. v. Chemtool, Inc., No. 21 L 162 (Winnebago Cty. Cir. Ct.)

**CHEMTOOL CLASS SETTLEMENT
CLAIM FORM INSTRUCTIONS**

Instructions For Completing the Chemtool Class Settlement Claim Form

If you were on June 14, 2021 an Illinois citizen and an owner or tenant of property located in Illinois within a three-mile radius of the Chemtool Manufacturing Plant located at 1165 Prairie Hill Road in Rockton, Illinois ("Rockton Plant") and did not previously opt out of the Class, you are eligible to receive a monetary award pursuant to a proposed class action settlement that resolves litigation arising out of a fire at the Rockton Plant that began on June 14, 2021.

If you wish to make a claim under the terms of the proposed class action settlement, you must submit this Claim Form. Each person or entity who submits this Claim Form is referred to as a "Claimant." **The easiest way to submit a claim is online at www.chemtoolclassaction.com or by scanning the QR Code below:**



If you choose to submit a claim online, you must do so on or before **SEPTEMBER 12, 2024**. You may also submit a claim by printing and completing a hard copy of the attached Claim Form and sending it by U.S. Mail to the the following address:

Chemtool Class Action Settlement Administrator
P.O. Box 2009
Chanhassen, MN 55317-2009

If you submit a hard copy of this Claim Form by U.S. mail, it must be postmarked on or before **SEPTEMBER 12, 2024**.

If you submit your claim after this date, you will not be eligible to receive any monetary award from the proposed Settlement Agreement. However, you will still be bound by the terms of the Settlement Agreement as approved by the Court.

Please fill out each of the four (4) sections of the attached Claim Form.

Only one Claim Form may be submitted per Claimant. If you need any additional Claim Forms you can either make copies of this Claim Form yourself or obtain them by calling the Chemtool Class Action Settlement Administrator at 833-457-5350 or visiting www.chemtoolclassaction.com.

If a Claimant is an individual who is either (1) deceased or (2) incapacitated (legally unable to complete the Claim Form), a Claim Form may be completed and submitted by a legal representative on behalf of the Claimant. For a deceased Claimant's representative, you must provide proof of your authority to act on behalf of the Claimant upon request from the Claims Administrator.

Please answer the following questions legibly and in ink

CLAIM FORM

PART 1: CLAIMANT INFORMATION

Claimant Information:

1. Is the Claimant (*check one*):

- An individual A legal entity (*for example, a company*)

Answer question 2, 3, or 4:

2. **If the Claimant is an individual**, complete the following:

Claimant's Name: _____
First, Middle, Last

Claimant's Birth Date: _____
Month, Day, Year

3. **If the Claimant is an individual who is deceased or incapacitated**, complete the following:

Claimant's Name: _____
First, Middle, Last

Claimant's Birth Date: _____
Month, Day, Year

Name of person completing this Claim Form on behalf of the deceased or incapacitated Individual:

First, Middle, Last

4. **If the Claimant is a legal entity (for example, a company)**, complete the following:

Claimant's Name: _____

All Claimants must complete Question 5. If you are completing this Claim Form on behalf of an individual who is deceased or incapacitated, provide the following information about yourself, not the Claimant.

5. Claimant's Current Mailing Address:

Street: _____

City, State, and Zip Code: _____

Claimant's Telephone Number: (_____) _____ - _____

Claimant's Email Address: _____

PART 2: PROPERTY THE CLAIMANT OWNED OR RENTED

The geographic area in Illinois within a three-mile radius of the Rockton Plant is called the "Class Area." List any property within the Class Area that the Claimant owned or rented on **June 14, 2021**. Follow the instructions below to provide the requested information for each separate property that the Claimant owned or rented within the Class Area on June 14, 2021.

A Class Area map is available online at www.chemtoolclassaction.com or **by scanning the QR Code below**:



You can also obtain a Class Area map by calling the Chemtool Class Action Settlement Administrator at 833-457-5350.

Do ***not*** list any properties outside the Class Area.

6. How many properties in the Class Area did the Claimant own or rent on June 14, 2021? _____

If the answer to this question is greater than "1", answer questions 7-14 below for the **first** property and attach separate pages, answering questions 7-14 for each additional property.

7. What is the complete address of the property in the Class Area that the Claimant owned or rented on June 14, 2021?

Street Address: _____

City, State, and Zip Code: _____

8. With respect to this property, on June 14, 2021, was the Claimant (*check one*):

Owner Renter

9. With respect to this property, on June 14, 2021, was it (*check one*):

Residential Non-Residential (*such as commercial, industrial, agricultural, or any other type that is not residential*)

If you checked "Residential" in response to the question 9, answer question 10 below (*If you checked "Non-Residential" in response to question 9, you may skip to question 11*):

10. In addition to the Claimant, how many persons resided at the property on June 14 2021? (*do not count the Claimant when answering this question*): _____

11. Provide the name and current age of each person other than the Claimant who resided at the property on June 14, 2021:

Person #1: _____
Name Current Age

Person #2: _____
Name Current Age

Person #3: _____
Name Current Age

Person #4: _____
Name Current Age

Person #5: _____
Name Current Age

12. Was an insurance claim submitted for damage to the property or items of personal property resulting from the fire that began at the Rockton Plant on June 14, 2021?

Yes No

If your answer to the previous question was "Yes," answer questions 13 and 14:

13. What is the name, address, and telephone number of the insurance company to whom the claim was made (if a claim was made to more than one insurance company, identify each of them)?

Name: _____

Address: _____

Telephone Number: (_____) _____ - _____

14. Did the insurance company pay any money to the Claimant as a result of the claim (check all that apply)?

No. Insurance denied my claim.

Yes. If yes, state how much money was paid \$ _____ and the amount of the deductible, if any, that you paid \$ _____.

Claim is still pending or is partially pending. If still pending, state how much money is still pending payment from the insurance claim \$ _____.

PART 3: PROOF THE CLAIMANT WAS AN OWNER OR RENTER OF THE PROPERTY ON JUNE 14, 2021

All Claim Forms require proof that the Claimant was either the owner or renter of each property identified in Part 2 of this Claim Form on June 14, 2021.

Please include with this Claim Form documentation showing that the Claimant owned or rented the property identified in Part 2 of this Claim Form on June 14, 2021. If you identified more than one property in Part 2 of this Claim Form, you must submit the required documentation for each property you identified. Acceptable forms of documentation include:

- utility bill for the time period including June 14, 2021
- telephone bill for the time period including June 14, 2021
- voter ID card issued prior to and showing actual residence address as of June 14, 2021
- driver's license issued prior to and showing actual residence address as of June 14, 2021
- state ID issued prior to and showing actual residence address as of June 14, 2021
- deed
- mortgage statement for the time period including June 14, 2021
- rental agreement for the time period including June 14, 2021, or
- other similar documents showing your address and dates of ownership or residence as a tenant.

If no valid supporting documentation is provided, your Claim will be denied.

PART 4: SIGNATURE

By submitting this Claim Form, I declare that the information provided in this Claim Form is true and correct, and that I am 18 or older and am authorized to submit this Claim Form on behalf of myself or I am the legal representative of the Claimant.

Signature: _____ Date Signed: _____

Name (Printed): _____

Email Address: _____