

BP ORGANIC SHINGLES CLASS ACTION SETTLEMENT REQUEST FOR REVIEW FORM

INSTRUCTIONS

How to complete your Request for Review Form:

- If your claim has been denied, in whole or in part, or if you disagree with the Approved Repairs Amount and/or the proration of the Approved Repairs Amount, you can request a review of the Claim Decision by an independent third-party.
- To request a review, you must properly complete the Request for Review Form and submit it no later than 35 days from the date of the Claim Decision.
- You are not permitted to append or include any information or documents that were not submitted with the Claim Form or in response to any requests for additional information made by BP. If your request for review is about the appropriateness of the approved repairs amount, you can provide a minimum of three (3) quotes from reputable roofing companies to support your request. *Your request for review form must be submitted within 35 days without exception; if one or more quotes are missing when you submit your request for review, please indicate on your form that they will be forthcoming.
- For more information, please review a copy of the Settlement Agreement which is available online at www.bpshinglesttlement.com.
- Please type or print legibly all your responses in ink.

Where to send your Request for Review Form:

- Submitted via our self-serve secure website (refer to instructions received with your claim form)
- Submitted via email at qualityassurance@bpcan.com
- Or mailed to the following address:
Building Products of Canada Corp.
Claim no.: [insert your claim number]
c/o: Warranty Services
9500 St-Patrick Street
LaSalle, Quebec
H8R 1R9

What to expect after you submit your Request for Review Form:

- To be more efficient, please submit your Request for Review Form electronically. Otherwise, please use a shipping method that provides delivery confirmation. You will not be provided with acknowledgement of receipt by BP.
- Under the terms of the settlement, BP is provided the opportunity to re-consider the Claim Decision and to accept all or part of the claim in its sole discretion. If BP accepts all or part of the claim, BP will issue a revised Claim Decision.
- If BP does not revise the Claim Decision, your Request for Review Form will be forwarded to an independent third-party. The independent third-party will also be provided with copies of the Claim Form, any other materials provided as part of the claim process, any inspection report, the Claim Decision, and a response by BP to the request for review.
- Be assured that your request for review will be evaluated as promptly as possible. In most circumstances, you should expect a response within 90 days.
- Once your claim has been reviewed, you will receive a written response by mail or by email (if an email address has been provided).
- If the independent third-party determines that you have engaged in fraudulent practices or has requested a review where the shingles are not BP Organic Shingles, the independent third-party can require you to pay costs to BP, in the amount of CDN \$250.00 for persons in Canada and US \$250.00 for persons in the United States.
- The decision of the independent third-party will be binding and there is no further right of appeal.

REQUEST FOR REVIEW FORM

To ensure that your claim is processed, please complete all mandatory fields of information.

Mandatory fields are marked with an asterisk (*)

Please write "N/A" if any question is not applicable

CLAIMANT			

Claim Number			

First Name		Last Name	

Mailing Address		City	Province/State

Home Phone		Work Phone (Optional)	Cell Phone (Optional)

		Email Address (Optional)	

Please notify BP of any address changes.			

REASON FOR REQUEST OF REVIEW
Please select the reason for requesting a review:
<input type="checkbox"/> the shingles installed on my roof are BP Organic Shingles
<input type="checkbox"/> the shingles on my roof show qualifying damage
<input type="checkbox"/> the causation defence does not apply with respect to my claim
<input type="checkbox"/> the measurement of the roof slope is incorrect
<input type="checkbox"/> the extent of damaged shingles on a roof slope is incorrect
<input type="checkbox"/> the Claim Form was properly completed
<input type="checkbox"/> the amount of the Approved Repairs is unreasonable
<input type="checkbox"/> the proration of the Approved Repairs is incorrect
<input type="checkbox"/> other (please specify) _____

