

**GLOBE FIRE SPRINKLER CORPORATION
MODEL J DRY SPRINKLER HEAD
RECALL PROGRAM
PROOF OF CLAIM FORM**

ID # _____ (Globe Use Only)

In order to begin the claims process you must complete this Proof of Claim Form. These documents must be sent along with the required photographs to the address at the end of this form. Claims for Replacement Sprinkler Heads may be made only for the sprinkler head models identified in the Sprinkler Identification Instructions.

If you have more than one property in which sprinkler heads involved in this Program have been installed, make copies of this form before filling it in and complete a separate form for each property.

A. CLAIMANT INFORMATION

1. Name of Claimant:

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>

2. Claimant's mailing address:

<i>Number Street Name</i>		<i>Apt., if applicable</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Name of contact person:

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>

4. Telephone:

<i>Area Code</i>	<i>Phone Number</i>

5. Fax:

<i>Area Code</i>	<i>Phone Number</i>

6. E-mail address:

--

B. BUILDING INFORMATION

Please complete this section for each building in which model J dry sprinkler heads have been installed.
Please copy this form and complete for each additional building.

If the Building Information is the same as the claim address check here: If not, please complete the following:

1. Name of Building:

2. Building Street address (if different from Claimant's Address):

<input type="text"/>	<input type="text"/>
<i>Number</i> <i>Street Name</i>	<i>Apt., if applicable</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Name of Housing Development or Homeowner's Association (if applicable):

4. Name of contact person (if different from Claimant's Contact):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>

5. Telephone (if different from Claimant's Telephone): 6. Fax (only if different from Claimant's Fax):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Area Code</i>	<i>Number</i>	<i>Area Code</i>	<i>Number</i>

7. E-mail address (only if different from Claimant's E-mail):

8. Type of building:
- | | | | |
|-------------------------|--------------------------|----------------------------|----------------------|
| 01-Private Home | 07- Office Building | 13-Jail/Prison | 14-Retail |
| 02-Hotel | 08-Parking Garage | 15-Warehouse/Storage | 16-Day Care Facility |
| 03-Clinic/Health Center | 09-Apartment Building | 17-Other (please explain): | |
| 04-Hospital | 10-Group Home | | |
| 05-School | 11-Nursing Home | | |
| 06-Restaurant | 12-Condominium/Town Home | | |

9. Globe may ship your Replacement Sprinklers either to the designated installer or the installation site directly. Please provide a shipping address for the Replacement Sprinklers in case Globe decides to ship them directly to the installation site. (For properties containing a large number of installed heads, please make sure the shipping site is suitable for delivery of multiple boxes.) ***Please note that we cannot ship to a PO Box.**

Shipping Address same as: Claim Address Property Address **OR**

Name of building:

Building Street address:

<input type="text"/>	<input type="text"/>
<i>Number</i> <i>Street Name</i>	<i>Apt., if applicable</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Name of contact person:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Jr./Sr./III</i>

C. IDENTIFICATION OF MODEL J DRY SPRINKLER HEADS

In order to receive the correct number and model of Replacement Sprinkler Heads, you must provide accurate information regarding your Model J dry sprinkler heads. Photos of Model J sprinklers accompany this sheet and are accessible at Globe's website (www.globesprinkler.com; click on "recall" link) to help you determine if you have Model J dry sprinkler heads involved in the replacement program. Please refer to that brochure when completing this Proof of Claim Form. You should also review any installation or maintenance records you have, as well as look at your spare sprinklers, to try to determine the make and model of your sprinklers. **DO NOT ATTEMPT TO REMOVE OR DISTURB YOUR SPRINKLERS IN ORDER TO INSPECT THEM. PLEASE REFER TO THE SPRINKLER IDENTIFICATION INSTRUCTIONS PREVIOUSLY PROVIDED.** The following models of Model J dry sprinklers manufactured by Globe are involved in this replacement program:

MODEL INFORMATION

GLOBE MODEL "J" 5MM & 3MM "DRY" SPRINKLER HEADS (MANUFACTURED FROM 1990-1999)		
DRY PENDENT	DRY VERTICAL SIDEWALL	DRY HORIZONTAL SIDEWALL
DRY UPRIGHT	DRY CONCEALED	

The model numbers of Globe dry sprinkler heads, as well as pictures of the different models, are found in the Sprinkler Identification instructions. "Dry" sprinklers are used in areas that may be exposed to very cold temperatures; thus, the exposed piping does not contain water. Please review the Identification Brochure to determine which variety you have. Here are some identifying points to look for:

Globe Dry Sprinklers

1. First: Visually inspect your sprinkler heads, noting information stamped on the frame. You will need to look at the wrench flat surfaces to determine if your Globe Model "J" dry sprinkler is involved in this program. Please refer to the Sprinkler Identification Instructions to make this determination. Globe's "dry" sprinkler heads have "Globe" stamped on one side of the wrench flat.
2. Second: Determine the manufacture year of your sprinkler head. Recalled Globe Model "J" dry sprinkler heads have the letter "J" and the year of manufacture, "1990" through "1999," stamped on one side of the wrench flat.
3. Third: The Globe Model "J" dry sprinkler heads only utilize a glass bulb ampule.

If you need assistance identifying your Model J dry sprinkler models, call Globe at **1-800-248-0278** between 8 a.m. and 5 p.m. EST, visit our Web site at www.globesprinkler.com, or contact your sprinkler contractor, builder or architect.

You are required to **provide TWO photographs of each sprinkler to be replaced.** In particular, the two photos should include clear views of "Globe" on one side and the letter "J" and the year of manufacture on the other side of the wrench flat surfaces on the frame from a distance of no more than 2 feet. In addition, please provide **a photo of any of your sprinkler heads that are corroded or leaking.** Please make every effort to ensure clarity for proper identification.

13. Additional comments: _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, CALL GLOBE AT 1-800-248-0278 BETWEEN 8:00am (EST) AND 5:00pm (EST) OR CONTACT A QUALIFIED SPRINKLER INSTALLATION CONTRACTOR.

ONCE YOUR COMPLETED CLAIM IS SUBMITTED, YOU WILL BE NOTIFIED OF YOUR CLAIM NUMBER BY EMAIL OR WRITTEN LETTER. PLEASE BE AWARE THAT THE TIME IT WILL TAKE TO MANUFACTURE AND SHIP THE HEAD WILL BE BASED ON THE NUMBER OF SPRINKLERS ORDERED AND THE NUMBER OF PARTICIPANTS IN THE PROGRAM. DEPENDING ON DEMAND FOR REPLACEMENT HEADS, THERE MAY BE A DELAY IN RECEIVING SPRINKLERS.

Globe Sprinkler will rely on the accuracy of your responses in providing Replacement Sprinkler Heads and processing your claim. It is **vital** that you complete this Proof of Claim carefully and accurately. Failure to do so could result in your receiving Replacement Sprinkler Heads that are not suitable for your building. Globe has no liability for such unsuitable Replacement Sprinkler Heads if due to your provision of inaccurate or incorrect information. Providing false information also could subject you to prosecution or other legal proceedings.

E. CERTIFICATION

I hereby declare under penalty of perjury that the information in this Form is true and correct to the best of my knowledge, information and belief.

Signature

Print Name Here

Executed on this ____ day of _____, 20____

REMINDER

So that your claim is not delayed in processing, please be sure to:

1. Include TWO photographs of **each Model J** installed in your building, as well as a photograph of corroded or leaking sprinkler heads, if any. The two photographs should show the name "Globe", the letter "J", and year of manufacture (1990 - 1999) on the wrench flat surfaces on either side of the sprinkler frame, and should be taken from a distance of 2 feet or less.
2. Sign your Proof of Claim Form.
3. **Mail signed form and photos to:**
Globe Fire Sprinkler Corporation Replacement Program
4077 Airpark Drive
Standish, Mich. 48658

OR

Email signed form and photos to:
kim.gordon@globesprinkler.com and kcunningham@globesprinkler.com

\\Bnfserver2\sharedfiles\Gidding\Globe\Notice documents\Proof of Claim 04-16-07.wpd