



**ZONOLITE ATTIC  
INSULATION TRUST**

## **A HOMEOWNER SAFETY NOTICE**

**SPECIAL NOTE: Houses built before 1990 may contain ASBESTOS Containing Vermiculite; and is often found in the Attic spaces.**

**This product is also known as ZONOLITE.**

**It is reported that this can be a Health Hazard; and therefor, can receive financial assistance / reimbursement of up to \$4,125. Per Claim / Homeowner by the "Zonolite Attic Insulation Trust" ZAI by contacting [ZAItrust.com](http://ZAItrust.com) to obtain a claim form.**

**James B Clarage, ALA, CIAO  
Code Enforcement Officer  
VILLAGE OF ONARGA**

ZAI TRUST  
317 WINGO WAY, SUITE 303  
MT. PLEASANT, SC 29464

US ZAI CLAIM FORM



Zonolite Attic Insulation ("ZAI")

**YOU MUST COMPLETE, SIGN AND MAIL THIS CLAIM FORM AND EVIDENCE BY FIRST-CLASS U.S. MAIL OR EQUIVALENT, POSTAGE PAID, ADDRESSED TO THE ZAI TRUST. YOU MUST FIRST READ THE CLAIM INSTRUCTIONS AND FAQs BEFORE FILING A CLAIM.**

**PART I – CONTACT INFORMATION.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No: Home - \_\_\_\_\_  
Cell - \_\_\_\_\_  
Work - \_\_\_\_\_  
Email Address (print clearly): \_\_\_\_\_  
Preferred Method of Contact: \_\_\_\_\_

**PART II – PROPERTY INFORMATION (Property that contains or contained ZAI).**

Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Structure Type: \_\_\_\_\_ Date Built: \_\_\_\_\_  
(Examples: Residence, Garage, Apartment, Duplex, Outbuilding, Commercial)  
ZAI Location: \_\_\_\_\_ Approximate Date ZAI was installed: \_\_\_\_\_  
(Example: Attic)  
Approximate Date ZAI was removed, abated or contained: \_\_\_\_\_  
The ZAI has not been removed:

**PART III – PRODUCT IDENTIFICATION – See detailed instructions attached.**

Submit one or more of the following to show that ZAI is or was installed at the structure (check box below and provide):

**If ZAI was removed prior to 6/16/2014:**

- ZAI Sample
- Laboratory Report
- Photograph or portion of ZAI Bag in structure
- Before & After Photos
- Contractor Certification
- Declaration of Installation (see instructions)
- Receipt or Invoice of ZAI purchase

**If ZAI was removed after 6/16/2014 or has not been removed:**

- ZAI Sample for testing by the Trust
- Photograph or portion of ZAI Bag in structure
- Receipt or Invoice of ZAI purchase

**NOTE: You must have expended money to abate or contain the ZAI before you will be eligible for reimbursement.**

**PART IV (a) – FUNDS EXPENDED TO REMOVE, ABATE OR CONTAIN ZAI (INCLUDING COST TO REINSULATE) (Expenses for remodeling or general upgrades are not reimbursable. See FAQ #7 and #12)**

Date paid: \_\_\_\_\_ Amount Paid (Removal): \$ \_\_\_\_\_

Date paid: \_\_\_\_\_ Amount Paid (Reinsulation): \$ \_\_\_\_\_

Name of Licensed Removal Contractor/Abatement Company: \_\_\_\_\_

Name of Reinsulation Provider: \_\_\_\_\_

Please attach a copy of the invoice or contract **AND** a document evidencing payment (for example: cancelled check, credit card statement, bank statement). **(See FAQ #7 and #12)**

**PART IV(b) – FUNDS EXPENDED TO BE PAID TO CONTRACTOR**

CHECK HERE if you have authorized payment by the Trust to be made directly to the contractor who removed, abated or contained the ZAI and provide the following.

Amount Paid by Claimant: \$ \_\_\_\_\_

Amount to be Paid to Contractor: \$ \_\_\_\_\_

Name and Address of Removal Contractor/Abatement Company: \_\_\_\_\_

Please attach the following:

1. A copy of the invoice or contract **AND**
2. A document evidencing any partial payment **AND (See FAQ #12 and #13)**
3. Certification from the contractor that the work reflected in the contract was performed to completion.

**PART V – OWNERSHIP DECLARATION/SIGNATURE**

What is your ownership interest in the property?  Own  Rent

Please review the Claim Form and sign under penalty of perjury that the information provided in the Claim Form, including the evidence attached, is true and correct to the best of your knowledge.

By submitting a claim and supporting documentation you authorize the ZAI Trust to contact any of your service providers to verify the accuracy and authenticity of the documentation that you submit. **(See FAQ #18)**

I, the undersigned, hereby declare under penalty of perjury that all of the information provided in this US ZAI Proof of Claim Form, including all evidence attached, is true and correct to the best of my knowledge and belief and that I am authorized to file this claim regarding the property listed in Part II above.

I understand that providing false information, whether by me or someone acting on my behalf, may constitute a criminal offense and may be grounds for denying the claim in its entirety.

DATE: \_\_\_\_\_

(SIGNATURE)

PRINT NAME: \_\_\_\_\_

WHERE SIGNED: \_\_\_\_\_

(CITY, STATE)

**PLEASE COMPLETE, DATE AND SIGN THIS CLAIM FORM AND RETURN IT, ALONG WITH THE REQUESTED DOCUMENTS TO THE FOLLOWING:**

ZAI TRUST  
317 Wingo Way  
Suite 303  
Mt. Pleasant, SC 29464