

#### **CLAIM FORM -- INDIVIDUALS**

To make a Claim for damages arising from the June 14, 2021 fire (the "Fire"), you must complete and submit this Claim Form and all supporting documentation to Chemtool no later than October 31, 2021.

Claims may be submitted by email to <a href="RCKClaims@Chemtool.com">RCKClaims@Chemtool.com</a>.

If you do not have access to the internet, you may submit the Claim Form via USPS to the following address: Chemtool Incorporated, Attn: Lisa Williamson, 29400 Lakeland Boulevard, Wickliffe, Ohio 44092.

A Claimant Information

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Naı	me		
Ad	dress		
Pho	one		
Em	nail		
Des	scriptio	n of Expenses	
			B. Documentation Required
clai	im. With		n, you must submit supporting documentation to prove your station, Chemtool may not be able to review your claim and int.
	•	Rece	ipts for any out-of-pocket damages
			C. Payment
1.	this Cla of your	im Form or to the Claim after you	sent by First Class Mail to the address you provided on e address that is confirmed for you during the processing return the executed Release agreement. You have an atool if your address changes.
	1099 or a copy	state form equiv of that form but	nually to federal and state taxing authorities, using a Form alent, for certain payments made. Chemtool will send you cannot give you any tax advice regarding any payment uld consult with your own tax advisor to determine the tax

impact of any payment you receive from Chemtool.



- **2. W-9 Form Requirement.** Please provide a signed, completed W-9 Form, which is attached to this Claim Form.
- 3. DEPENDING ON THE AMOUNT OF YOUR CLAIM, CHEMTOOL RESERVES THE RIGHT TO REQUIRE YOU TO EXECUTE A RELEASE OF CLAIMS AGAINST CHEMTOOL PRIOR TO MAKING ANY PAYMENT.
- **4.** Submission of this Claim Form does not obligate Chemtool to accept or pay the Claim submitted. Chemtool is entitled to investigate all claims and may require additional documentation.

### D. Signature

I certify and declare under penalty of perjury that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein is true, accurate, and complete, and I understand that false statements or claims made in connection with this Claim Form and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

By submitting this Claim Form, I consent to the use and disclosure by those assisting Chemtool in the administration of Claims of any information about me that they believe necessary and/or helpful to process my Claim for compensation and any payment resulting from that Claim.

Signature	Date	
Printed Name		



# **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.	eck only <b>one</b> of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
e. ns on l	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	☐ Trust/estate	Exempt payee code (if any)
ty tio	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶	
Print or type. See Specific Instructions on page	<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)
ecit	Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)
See			
•	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
В.	The second lead of the New York (TINI)		
Par		Social soc	curity number
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avec withholding. For individuals, this is generally your social security number (SSN). However, t	Old	curity number
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other		-    -
entitie	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a LLL <b>or</b>	
,	If the account is in more than one name, see the instructions for line 1. Also see What Name		identification number
	er To Give the Requester for guidelines on whose number to enter.		
			-
Par	II Certification		
Unde	penalties of perjury, I certify that:		
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be iss	sued to me); and
Ser	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and		
3. I ar	a U.S. citizen or other U.S. person (defined below); and		

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because

Sign Signature of	
Here U.S. person ► Date ►	Data N

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,