

THE SHOES YOUR EMPLOYEES WANT TO WEAR !

SKECHERS USA, INC'S ("SKECHERS") \$5,000 SLIP AND FALL LIMITED WARRANTY

REIMBURSEMENT PROCEDURES

When a manager at one of your facilities informs you (the Corporate Safety/Risk Manager) that an employee has had a slip and fall accident while wearing SKECHERS slip resistant shoes with Lightweight Athletic Slip Resistant Soles or Service Slip Resistant Soles ("SKECHERS Slip Resistant Footwear") purchased (a) through your Company's SKECHERS B2B Program; or (b) by your Company directly for its employees, please ensure the following are done:

1. The manager at the facility where the accident occurred must fill out the SKECHERS Slip Resistant Footwear Slip & Fall Accident Report. The completed Form must be signed, notarized and forwarded to the corporate Safety/Risk Manager. No form will be considered complete unless all requested information is provided and is in legible form.
2. The corporate Safety/Risk Manager should forward the following forms directly to SKECHERS within 21 days of the occurrence of the accident:
 1. The SKECHERS Slip Resistant Footwear Slip & Fall Accident Report, which has been completed by the manager of the facility where the accident occurred.
 2. A copy of your Company's internal Workers Compensation Accident Report.
3. As soon as they become available, a copy of the paid Workers Compensation Claim and Amount Paid to the injured employee should be sent to SKECHERS.
4. SKECHERS will reimburse your Company up to \$5,000 when we receive a copy of the paid Workers Compensation Claim and Amount Paid to the injured employee. (Please see the limited warranty for details.)

Please send the completed forms to: General Counsel, SKECHERS USA, Inc., 228 Manhattan Beach Blvd., Manhattan Beach, CA 90266.

Note: To qualify for reimbursement under the SKECHERS \$5,000 Slip & Fall Warranty, all terms and conditions of the SKECHERS Slip and Fall Limited Warranty, including these Reimbursement Procedures must be strictly adhered to. A completed SKECHERS Slip Resistant Footwear Slip & Fall Accident Report must be submitted directly to SKECHERS within 21 days of the accident. No forms should be submitted through the distributor.

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**For more information call 1-800-545-5175
Visit us on the web at: www.skechers.com**

**SKECHERS SLIP RESISTANT FOOTWEAR
SLIP & FALL ACCIDENT REPORT (BY MANAGER)**

BEFORE ME, the undersigned notary, appeared _____ (name of manager), who after being duly sworn, states as follows:

1. Name of company _____
2. Name and title of manager _____
3. Location of accident _____
(Street) _____
(City, State, and Zip) _____
4. Name of employee involved in accident _____
5. The date that the accident occurred _____
6. Shoe style worn at the time of the accident _____
7. The date the shoes were purchased _____
8. Name and location of store/distributor where shoes were purchased _____
9. Please provide a detailed description of the accident _____

10. At the time of the accident was the employee wearing SKECHERS Slip Resistant Footwear that was purchased no more than six (6) months prior to the date of the accident (a) through your Company's SKECHERS B2B Program; or (b) by your Company directly for its employees? Yes No
11. At the time of the accident was the employee engaged in ordinary, every-day work activities. Yes No
12. Please check one of the following as the cause of the accident:
 - A. The employee slipped on an icy surface or while working in the cooler, freezer, or other sub-freezing area.
 - B. The employee slipped as a result of obstacles or other objects (including food particles) on the floor.
 - C. The employee slipped as a result of employee's, your Company's or a third-party's negligent, reckless or otherwise wrongful acts.
 - D. The employee slipped while wearing SKECHERS Slip Resistant Footwear in his/her workplace and not because of either A, B, or C.
13. The undersigned has personal knowledge of the information contained herein.

I hereby certify the above information to be true and correct to the best of my knowledge under penalty of perjury.

(signature of manager)

State _____ County _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary's Signature _____

Notary's Name (Printed) _____

Notary Public of the State of _____ My commission expires _____