North American Refractories Company Asbestos Personal Injury Settlement Trust ("the NARCO ASBESTOS TRUST")

Proof of Claim Form for Unliquidated Claims to be Processed Under Individual Review

Submit Completed Claims to:

Claims Resolution Management Corporation
3120 Fairview Park Drive, Suite 200
Falls Church, VA 22042
(703) 204-9300
1-800-536-2722

For information on filing electronically, please call Claims Resolution Management Corporation ("CRMC") at the above numbers or e-mail CRMC at: inquiry@claimsres.com.

Law Firm Administrative Contact
for this Claim:

Name: _____
Telephone Number: _____
Title: _____
E-mail address: _____
Law Firm: _____

Please carefully review the Instructions for Completing the NARCO Asbestos Trust Proof of Claim Form for Unliquidated Claims to be Processed under Individual Review (the "IR Instructions Booklet") prior to completing this claim form. Submission of the claim form constitutes a confirmation that the preparer of the claim form has reviewed the IR Instructions Booklet.

REVIEW PROCESS:

The review process is important. Incorrect selections may impact the processing of your claim which could result in processing delays or the return of your claim form. Please review the IR Instructions Booklet. If questions remain, please call the CRMC Help Line at 1-800-536-2722 for assistance. At any time during the Individual Review process, the NARCO Asbestos Trust may request that the claimant submit additional or more detailed information. Regarding the confidentiality of information submitted to the NARCO Asbestos Trust, please review the Confidentiality Agreement at www.narcoasbestostrust.org.

Check the following box if this submission is an unliquidated Pre-Established Claim (see definition below) ☐

(An unliquidated Pre-Established Claim is an (i) unliquidated NARCO Asbestos Trust Claim that was filed and served on NARCO or Honeywell as a defendant in the tort system prior to January 4, 2002 (the "Petition Date"), based upon allegations that the injured party's alleged asbestos-related injury arose in whole or in part from exposure to a NARCO asbestos-containing product, or (ii) a claim subject to a binding settlement agreement, entered into with Honeywell after the Petition Date but prior to April 30, 2013 (the "Effective Date"), and the settlement agreement entitles the claimant to file a NARCO Asbestos Trust Claim to be liquidated by the Trust in accordance with the provisions of the Trust Distribution Procedures (the "TDP").

Note: Individual Review ("IR") processing is NOT available to get a value higher than Scheduled Value for Disease Level I (Other Asbestos Disease) or Disease Level II (Asbestosis/Pleural Disease). Also, Individual Review must be used for Disease Level V (Lung Cancer 2), Exigent, Extraordinary, Secondary Exposure, and Foreign claims.

Check if any of the following special situations apply to this claim:

☐ Extraordinary ☐ Exigent Health ☐ Exigent Hardship

*(Note: **In addition to the restriction of IR processing**, other restrictions may apply; please review the IR Instructions Booklet or the TDP for details.)*

PART 1: INJURED PARTY INFORMATION - MANDATORY

Name: _____ _____ _____ _____
First Middle Initial Last Jr. Sr. etc

Social Security Number: _____- _____ -_____

OR

International Id: _____

List any other names by which the injured party has been known (e.g., maiden name), if available:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Gender: (check box) ☐ Male ☐ Female

Date of Birth: _____
(MM/DD/YYYY)

Address of Current Residence: _____
Street Address

_____
City, State (Province), Zip Code (Postal Code), Country

Length of time at Current Residence: _____ number of years

Claimant's Jurisdiction election: _____

Identify the basis of Claimant's Jurisdiction Election:

☐ Place of tort lawsuit ☐ Place of exposure ☐ Current Residence

If the Claimant's Jurisdiction is based on Current Residence, claimant must attach documentation to this claim form supporting the Claimant's Jurisdiction election (for example, a copy of a driver's license, passport, or other proof of residence (including but not limited to a copy of a deed, lease, utility bill, etc.)) or, if such documentation is not available, an affidavit explaining the Claimant's Jurisdiction election and the reason(s) why documentation is not available.

Injured party's marital status at filing of claim, or if deceased, at time of death:

☐ Married ☐ Single ☐ Divorced ☐ Widowed

If married with spouse/partner, please provide the following information:

Date of marriage or union (MM/DD/YYYY), if available: _____

Spouse's/Partner's First Name: _____ Last Name: _____

If injured party is LIVING and not represented by counsel

Mailing Address _____
Street Address

_____
City, State (Province), Zip Code (Postal Code), Country

Daytime Telephone: _____ _____- _____
Area Code

E-mail Address: _____

If injured party is DECEASED

Last state of residence of injured party if known: _____Date of Death: _____
(MM/DD/YYYY)

Was death asbestos related? (Check box)
☐ Yes ☐ No

Personal Representative

Personal Representative Name (if injured party is deceased, or is living and has a person other than filing attorney, filing on his/her behalf):

Name: _____ _____ _____ _____
First Middle Initial Last Jr. Sr. etc.

Estate Tax Id (if available): _____

Identify Personal Representative's official capacity in representing the injured party (relative, guardian, administrator, or other): _____

If not represented by counsel:

Mailing Address: _____
Street Address

_____
City, State (Province), Zip Code (Postal Code), Country

Daytime Telephone: _____ _____- _____
Area Code

E-mail Address: _____

PART 2: LAW FIRM/ATTORNEY INFORMATION – MANDATORY, if applicable

IF AN ATTORNEY IS REPRESENTING THIS INJURED PARTY, COMPLETE THIS SECTION:

Law Firm Name: _____

Attorney Assigned: _____

Telephone: _____ _____-_____ Fax: _____ _____-_____
Area Code Area Code

E-mail address: _____

Mailing Address For Claim-Related Correspondence:	_____ *Street Address* _____ _____ *City, State (Province), Zip Code (Postal Code)* *Country*

PART 3: ASBESTOS-RELATED INJURY - MANDATORY

DIAGNOSED INJURIES:

Check the box that indicates the **most serious** asbestos related injury that is being alleged and indicate the first diagnosis date associated with that injury.

See the IR Instructions Booklet for the medical documentation required to support each Disease Level as outlined in section 4.7 of the TDP. You must include the earliest qualifying medical documentation for the highest level disease claimed.

Disease

☐ **Other Asbestos Disease (Level I)**

☐ **Asbestosis/Pleural Disease (Level II)**

☐ **Severe Asbestosis (Level III)**

☐ **Other Cancer (Level IV)**

- ☐ Colorectal
- ☐ Laryngeal
- ☐ Esophageal
- ☐ Pharyngeal
- ☐ Stomach Cancer

☐ **Lung Cancer 2 (Level V)**

☐ **Lung Cancer 1 (Level VI)**

☐ **Mesothelioma (Level VII)**

☐ **Other** _____
(Identify injured party's "Other" diagnosis)

First Diagnosis Date ____/____/_____
MM DD YYYY

For Levels IV and VI, provide the date of diagnosis of underlying Bilateral Asbestos Related Nonmalignant Disease ____/____/_____
MM DD YYYY

PART 4: ASBESTOS-RELATED LITIGATION AND CLAIMS HISTORY – MANDATORY, if applicable

Has an asbestos-related lawsuit or claim ever been filed on behalf of the injured party?
☐ Yes ☐ No

If "yes", you must provide the following information. *Otherwise, proceed to PART 5.*

Part 4, Subpart A: Litigation History

For every asbestos-legal action filed on behalf of the injured party, identify the information requested below (including for cases that have been dismissed, discontinued, or otherwise resolved).

In addition, the claimant and the claimant's law firm must attach to this Claim Form: the file-stamped copy of the complaint, as amended, any standard disclosures or interrogatories and the answers thereto required by the applicable jurisdiction, and any affidavits or deposition testimony submitted by or on behalf of the injured party.

To the extent that affidavits or depositions from a person other than the injured party include information that bears on an injured party's exposure to a NARCO asbestos-containing product (whether or not the affidavits or depositions mentioned NARCO) and were submitted on behalf of the injured party to a court, an insurance company, or an asbestos defendant in the tort system in an effort to support an asbestos claim, those affidavits and depositions must also be submitted. Such affidavits and depositions must be submitted regardless of whether they tend to support the claim of exposure to a NARCO asbestos-containing product. Affidavits and depositions that do not relate to the time period of the injured party's exposure to a NARCO asbestos-containing product do not have to be submitted to the NARCO Trust, unless the affidavit or deposition: (1) names the injured party; and (2) contradicts the evidence of the injured party's exposure to a NARCO asbestos-containing product. Affidavits that were submitted to other asbestos trusts only do not have to be submitted to the NARCO Trust.

Was NARCO or Honeywell named as a defendant prior to the Petition Date of January 4, 2002, based upon allegations that the injured party's alleged asbestos-related injury arose, in whole or in part, from exposure to NARCO asbestos-containing products?

☐ Yes ☐ No

Has the injured party or claimant ever received monies related to above-referenced lawsuit(s) from NARCO, Honeywell, or their insurers?

☐ Yes ☐ No

If "yes," amount: $_____

Has a claim on behalf of the injured party ever been submitted to NARCO or Honeywell pursuant to an administrative settlement agreement?

☐ Yes ☐ No

If "yes," indicate the date of submission: _____
(MM/DD/YYYY)

Was the injured party or claimant a party to a tolling agreement with NARCO or Honeywell?

☐ Yes ☐ No

If "yes," provide the dates of the tolling and attach documentation of the agreement:

Beginning Date: _____ (MM/DD/YYYY)

Ending Date: _____ (MM/DD/YYYY)

Part 4, Subpart B: Claims History

Has a claim ever been filed on behalf of the injured party with any asbestos-related bankruptcy entity, asbestos-related trust, or asbestos-related claims resolution organization?

☐ Yes ☐ No ☐ Decline to answer

If "yes," provide the claim file and identify the following for each asbestos-related bankruptcy entity, asbestos-related trust, or asbestos-related claims resolution organization (attach additional pages if necessary):

Name and nature of entity with which the claim was made:	
Date Claim Filed: _____ (MM/DD/YYYY)	Amount of compensation, if any, received as a result of claim: $_____

Name and nature of entity with which the claim was made:	
Date Claim Filed: _____ (MM/DD/YYYY)	Amount of compensation, if any, received as a result of claim: $_____

PART 5: EXPOSURE TO NARCO ASBESTOS- CONTAINING PRODUCTS – MANDATORY

OCCUPATIONAL AND EXPOSURE HISTORY

Completing Part 5, Subpart A of this section is <u>mandatory</u>. It reflects all periods of exposure to NARCO asbestos-containing products by an occupationally exposed person necessary to meet the applicable requirements of the TDP.

Completing Part 5, Subpart B of this section is necessary <u>only</u> when the claimant is alleging an asbestos-related disease resulting from exposure to an occupationally-exposed person.
In other words, exposure to asbestos was secondary as in the case of a family member.

Completing Part 5, Subpart C of this section is <u>mandatory</u>, to the extent applicable (i.e., if the claimant is aware of alternate exposures).

When indicating Industry, Occupation and Product code(s) use the codes listed on pages 18 through 21; the acceptable Worksite List code(s) are available on CRMC's website (www.claimsres.com) under the NARCO Trust - Documents tab.

NARCO Exposure, Subpart A: Occupational exposure - MANDATORY. This section must be completed, describing all periods of NARCO asbestos –containing products exposure of the occupationally exposed person necessary to meet the applicable requirements of the TDP. Industry, product and occupation codes are listed on pages 18 through 21.

From: _____ _____ **To**: _____ _____
MM YYYY MM YYYY

Industry Code: _____
If Code 25 – Please describe: _____

Occupation Code (select the closest): _____
Comment: _____

Worksite List Code:_____(The acceptable Worksite List codes are available on the NARCO Asbestos Trust's website under the _____ tab; use the code "NQ" Not Qualified to indicate an exposure site that is not on the list.)

Location within worksite/at plant where exposure occurred (if available):
_____

If the site/plant is not on the acceptable Worksite List, complete the following:

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

Product Code(s): _____

Description of Occupational Exposure at this worksite:

The occupationally-exposed person:

a) ☐ Worked on a regular basis with a NARCO asbestos-containing product; or

b) ☐ Worked on a regular basis in close proximity to workers who:

i. ☐ Handled raw asbestos fibers on a regular basis;

ii. ☐ Fabricated asbestos-containing products so that he/she in the fabrication process was exposed on a regular basis to raw asbestos fibers; or

iii. ☐ Installed, altered, repaired, removed or otherwise worked with an asbestos-containing product such that he/she was exposed on a regular basis to asbestos fibers.

If you are claiming an Extraordinary Claim, did the injured party's asbestos exposure occur primarily from working at one or more manufacturing facilities of NARCO or its predecessors?

☐ Yes ☐ No

If "yes," state the dates that the injured party worked at one or more NARCO facilities:

Name of Facility	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)

If you are claiming an Extraordinary Claim, identify the percentage of the injured party's total asbestos exposure that arises from NARCO asbestos-containing products: _____%

NARCO Exposure, Subpart B: Bystander – secondary exposure, including family member.

Enter the dates that the injured party was exposed to the occupationally exposed person:

From: _____ _____ **To**: _____ _____
MM YYYY MM YYYY

Provide the name of the occupationally-exposed person, Social Security or International Id number (if available), and his/her relationship to the injured party:

First Name: _____Last Name: _____

Social Security Number (if available): _____- ___ -_____ OR

International Id (if available): _____

Relationship: (check box) ☐ Family ☐ Tenant, boarder, roommate
☐ Other; please explain: _____

Proof of exposure <u>must</u> be submitted - see Sufficiency of Evidence, Part 5, in the IR Instructions Booklet.

If the injured party has additional exposure periods and such exposure periods must be established in order to meet the applicable exposure requirements of the TDP, please copy and attach additional exposure pages and number each set of pages.

Exposure to Other Substances, Subpart C:

If injured party's Disease Level is Level III – VI, as per the "Diagnosed Injuries" section in Part 3, then state, to the best of your knowledge, whether the injured party has ever been exposed to any of the following substances during the course of any employment that may have contributed to the injured party's Disease Level.

(a) arsenic	(e) coal dust	(h) lead	(k) silica
(b) beryllium	(f) coal tar	(i) nickel	(l) talc
(c) cadmium	(g) fiberglass	(j) radiation	(m) welding fumes
(d) chromium			

If "yes," please describe the circumstances of such exposure.

_____
_____
_____
_____
_____
_____

PART 6: OTHER REQUISITE OCCUPATIONAL EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS OR ACTIVITIES – MANDATORY, where applicable

To qualify for certain Disease Levels, the claimant must demonstrate Significant Occupational Exposure to asbestos or other cumulative occupational asbestos exposure. If the Disease Level that the claimant seeks to qualify for requires Significant Occupational Exposure or other cumulative occupational asbestos exposure, please complete this Part 6. Otherwise, proceed to Part 7.

Provide all periods of the occupationally exposed person's asbestos exposure sufficient to meet the five-year requirement regardless of whether NARCO products were involved.

Completing Part 6, Subpart A should reflect all periods of exposure to asbestos by an occupationally, or directly, exposed person necessary to meet the applicable requirements of the TDP. If Subpart B is completed, Subpart A must contain the exposure information of the individual that was occupationally, or directly, exposed to the asbestos product(s).

Completing Part 6, Subpart B is necessary <u>only</u> when the claimant is alleging an asbestos-related disease resulting from exposure to an occupationally-exposed person. In other words, exposure to asbestos was secondary, as in the case of a family member.

When indicating Industry and Occupation code(s) use the codes listed on pages 18 through 20.

Other Requisite Occupational Exposure Subpart A: Occupational Exposure - MANDATORY. This section <u>must</u> be completed describing all periods of asbestos exposure of the occupationally exposed person necessary to meet the applicable requirements of the TDP. Industry and Occupation codes are listed on pages 18 through 20.

From: _____ _____ **To**: _____ _____
MM YYYY MM YYYY

Industry Code: _____
If Code 25 – Please describe: _____

Occupation Code (select the closest): _____
Comment: _____

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

Description of Occupational Exposure at this worksite:

The injured party or the occupationally-exposed person in the case of a secondary exposure claim:

i. ☐ Handled raw asbestos fibers on a regular basis; or

ii. ☐ Fabricated asbestos-containing products so that he/she in the fabrication process was exposed on a regular basis to raw asbestos fibers; or

iii. ☐ Installed, altered, repaired, removed or otherwise worked with an asbestos-containing product such that he/she was exposed on a regular basis to asbestos fibers; or

iv. ☐ Was employed in an industry and occupation such that he/she worked on a regular basis in close proximity to workers engaged in activities described in i, ii, or iii above.

v. ☐ None of the above. Please provide a description of how he/she was exposed to asbestos:

_____

_____

If category (iv) was checked for exposure:

Check the category that best describes the exposure of occupationally-exposed co-worker(s) in proximity:

_____ (i) Handled raw asbestos fibers on a regular basis;

_____ (ii) Fabricated asbestos-containing products so that he/she in the fabrication process was exposed on a regular basis to raw asbestos fibers; or

_____ (iii) Installed, altered, repaired, removed, or otherwise worked with an asbestos-containing product such that he/she was exposed on a regular basis to asbestos fibers.

List the Occupation code(s) of occupationally-exposed co-worker(s) in proximity.

Occupation Code(s) (select the closest): _____

Other Requisite Occupational Exposure, Subpart B: Bystander – secondary exposure, including family member.

Enter the dates that the injured party was exposed to the occupationally-exposed person (the other person):

From: _____ _____ **To**: _____ _____

MM YYYY MM YYYY

Provide the name of the occupationally-exposed person and his /her relationship to the injured party:

First Name: _____Last Name: _____

Relationship: (check box) ☐ Family ☐ Tenant, boarder, roommate
☐ Other; please explain: _____

Proof of exposure must be submitted – see Sufficiency of Evidence, Part 6, in the IR Instructions Booklet.

If the claimant has additional exposure periods and such exposure periods must be established in order to meet the applicable exposure requirements of the TDP, please copy and attach additional exposure pages and number each set of pages.

Industry Codes:

01 Aerospace/Aviation
02 Aluminum Manufacturing
03 Asbestos Abatement
04 Asbestos Mining
05 Asbestos Products Manufacturing
06 Automobile/Mechanical Friction
07 Chemical
08 Construction Trades
09 Electric Power Production
10 Glass Manufacturing
11 Insulation
12 Iron
13 Longshore
14 Maritime
15 Military
16 Non-Asbestos Products Manufacturing
17 Petrochemical
18 Railroad
19 Shipyard Construction/Repair
20 Steel
21 Textile
22 Tire/Rubber
23 Utilities
24 Building Occupant/Bystander
25 Other

Occupation Codes:

01. Abatement Worker
02. Acoustical Worker
03. Air Conditioning Installer/Repairer
04. Asbestos Worker
05. Beamer
06. Boiler Coverer
07. Boiler Inspector
08. Boiler Insulator
09. Boiler Operator
10. Boiler Repairer
11. Boiler Tender
12. Boiler Worker
13. Boilermaker
14. Boilerman
15. Brick Gang
16. Brick Mason
17. Brick Room Helper
18. Bricklayer
19. Brickman
20. Building Remodeler
21. Burner
22. Carpenter
23. Caulker
24. Ceiling Tile Installer
25. Cement Finisher
26. Cement Worker
27. Chipper
28. Chipper & Grinder
29. Concrete Laborer
30. Concrete Worker
31. Construction Laborer
32. Construction Mechanic
33. Construction Superintendent
34. Construction Worker
35. Contractor
36. Coppersmith
37. Crane Operator
38. Demolition Worker
39. Drywall Applicator
40. Drywall Taper
41. Electrical Technician
42. Electrician
43. Electrician Helper
44. Elevator Construction Worker
45. Erector
46. Final Construction Inspector
47. Fireman
48. Floor Tile/Linoleum Layer
49. Floor Tile Installer
50. Furnace Installer/Repairer
51. Furnace Worker
52. Glazier
53. Hammer Driver
54. Heat System Installer/Repairer
55. Heating Insulator
56. Heating Worker
57. Hod Carrier
58. HVAC Installer/Repairer
59. Industrial Electrician
60. Insulation Apprentice/Helper
61. Insulation Machinist
62. Insulation Worker
63. Insulator
64. Ironworker
65. Laborer
66. Lather
67. Lagger
68. Locksmith
69. Machinist
70. Maintenance Mechanic
71. Mason
72. Mason Tender
73. Millwright
74. Mortar Mixer
75. Paint Mixer
76. Painter
77. Pile Driver
78. Pipe Carrier
79. Pipe Coverer
80. Pipe Cutter
81. Pipe Foreman
82. Pipe Grinder
83. Pipe Hanger
84. Pipe Insulator
85. Pipe Layer

86. Pipe Racker
87. Pipe Repairer
88. Pipe Stripper
89. Pipe Welder
90. Pipefitter
91. Pipefitter Helper
92. Plasterer
93. Plumber
94. Potroom Worker
95. Pourer
96. Refrigeration/HVAC Equipment Installer/Repairer
97. Rigger
98. Rivet Bulker
99. Riveter
100. Roofer
101. Sheetmetal Mechanic
102. Sheetmetal Worker
103. Sheetrock Hanger
104. Shingle Catcher
105. Siding Erector
106. Soundproofing Installer
107. Spray Insulator
108. Steamfitter
109. Structural Worker
110. Telephone Cable Insulator and Installer
111. Tile Grinder
112. Tile Helper
113. Tile Installer
114. Tile Layer
115. Tile Mechanic
116. Tile Operator
117. Tile Worker
118. Vinyl Asbestos Floor Tile Worker
119. Weld Checker
120. Welder
121. Welding Assistant
122. Welding Helper
123. Welding Inspector
124. Welding Instructor
125. Welding Foreman
126. Other
127. Coke Worker
128. Furnace Operator
129. Furnaceman
130. Heat Treater
131. Heat-treating equipment operator
132. Insulator helper
133. Pot room Worker/Boiler Operator

NARCO Asbestos Product Codes:

1. Aerogun
2. Anti-Erode Trowel
3. BOF-Cote
4. BOF-Patch
5. CM Gun Mix
6. CM-18 Gun Mix
7. MC-Gun Mix
8. Narcocast ES Fine Trowel
9. Narcocrete Trowel
10. Narcogun CM-343
11. Narcogun C.O.
12. Narcogun CR-346
13. Narcogun CR-346NN
14. Narcogun CRD-347
15. Narcogun MC-339
16. Narcogun MCD-344
17. Narcogun P-340
18. Narcogun PD-345
20. Narcogun SD-336
21. Narcolite
22. Narmag 60 DBRC
23. Narmag OH Gun Mix
24. Stazon
25. Super 505 Hot Gun C
26. Unicote
27. W0-339 MC Gun

PART 7: ADDITIONAL INFORMATION

Injured Party's Tobacco History (Required for all claims except Mesothelioma.)
Has the injured party ever used tobacco products? (Check box)

☐ Yes ☐ No

If "yes" to the question above, please identify each period in which the injured party used tobacco products and the average number of packs, cigars, or pipes per day. If you are not totally certain as to the injured party's history please estimate to the best of your abilities. Attach additional pages if necessary.

Product Type	**Start Date** (MM/DD/YYYY)	**Quit Date** (MM/DD/YYYY)	**Packs/Cigars/Pipes/ Chews Per Day**
☐ Cigarettes ☐ Cigars ☐ Pipes ☐ Chewing Tobacco			
☐ Cigarettes ☐ Cigars ☐ Pipes ☐ Chewing Tobacco			
☐ Cigarettes ☐ Cigars ☐ Pipes ☐ Chewing Tobacco			
☐ Cigarettes ☐ Cigars ☐ Pipes ☐ Chewing Tobacco			

☐ Cigarettes ☐ Cigars ☐ Pipes ☐ Chewing Tobacco			

Employment/Earnings Information
Are you basing the claim value, in whole or in part, on economic losses?

☐ Yes ☐ No

If "yes," answer the following questions, and provide an economist report, IRS Form W-2, IRS Form 1040, or other credible evidence.

Identify Injured Party's Current Employment Status:

☐ Full-Time ☐ Part-Time ☐ Retired ☐ Partially Disabled ☐ Totally Disabled ☐ Deceased

Amount of Last Annual Wages: $_____
Date last wages received: _____
(MM/DD/YYYY)

If you are claiming loss of earnings or impairment of earning power because of injured party's medical conditions, state the following to the extent not provided in other documentation submitted to the NARCO Asbestos Trust:

Identify all medical conditions of any kind, whether asbestos related or not, that potentially contributed to the injured party's loss or impairment and the date of commencement of any loss or impairment:

Medical Condition	Start Date of Loss or Impairment (MM/DD/YYYY)	End Date of Loss or Impairment (MM/DD/YYYY)	Total Wage Loss if asbestos-related

Financial Dependents
Identify the injured party's spouse/partner and any other financial dependents at the time of diagnosis.
Attach additional pages if necessary.

Last Name	First Name	MI	Date of Birth (MM/DD/YYYY)

Identify dependent's relationship to the injured party:

☐ Spouse/Partner ☐ Child ☐ Heir ☐ Other _____

If dependent is an "heir" or "other," explain the injured party's relationship to the dependent:

_____
_____
_____

Does dependent reside with the injured party or the surviving spouse/partner? Yes ☐ No ☐

Is dependent employed? ☐ Yes ☐ No

If "yes," identify the dependent's annual income. You must provide supporting documentation.
$_____

Identify the amount of financial support that the injured party provides to the dependent on an annual basis:
$_____

Other Factors for Consideration:

In this section, please explain any other factors which should be considered (e.g., disability, employment status, disruption of household, family or recreational activities, dependencies, special damages, and pain and suffering).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PART 8: SIGNATURE - MANDATORY

This claim form must be signed by the injured party's attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.

If signed by an attorney, by signing below, the attorney certifies that the information and materials with respect to this claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the attorney certifies and warrants that if this claim is filed on behalf of the injured party and/or the injured party's estate, the person filing the claim is authorized by law to file this claim on behalf of the injured party, the injured party's heirs, representatives, successors, assigns and estate.

If signed by the injured party, I (the injured party) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b). I also certify that I am aware that there are potential penalties for presenting a fraudulent claim that include a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

If signed by the injured party's personal representative, I (the personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b). I also certify that I am aware that there are potential penalties for presenting a fraudulent claim that include a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Signature of the injured party, personal representative or attorney

Please print the name and relationship to the injured party of the signatory above.

Date: ____/____/_____
MM DD YYYY

Submission Checklist

- ☐ Death Certificate (if applicable)

- ☐ If the Claimant's Jurisdiction is based on Current Residence, documentation supporting the Claimant's Jurisdiction election (for example, a copy of a driver's license, passport, or other proof of residence (including but not limited to a copy of a deed, lease, utility bill, etc.)) or, if such documentation is not available, an affidavit explaining the Claimant's Jurisdiction election and the reason(s) why documentation is not available.

- ☐ Letters of administration or other proof of the personal representative's official capacity as provided or allowed by applicable state law (if personal representative information is provided)

- ☐ For any litigation referenced in Part 4, Subpart A, the file-stamped copy of the complaint, as amended, any standard disclosures or interrogatories and the answers thereto required by the applicable jurisdiction, and any affidavits or deposition testimony submitted by or on behalf of the injured party

- ☐ To the extent that affidavits or depositions from a person other than the injured party include information that bears on an injured party's exposure to a NARCO asbestos-containing product (whether or not the affidavits or depositions mentioned NARCO) and were submitted on behalf of the injured party to a court, an insurance company, or an asbestos defendant in the tort system in an effort to support an asbestos claim, those affidavits and depositions must also be submitted. Such affidavits and depositions must be submitted regardless of whether they tend to support the claim of exposure to a NARCO asbestos-containing product. Affidavits and depositions that do not relate to the time period of the injured party's exposure to a NARCO asbestos-containing product do not have to be submitted to the NARCO Trust, unless the affidavit or deposition: (1) names the injured party; and (2) contradicts the evidence of the injured party's exposure to a NARCO asbestos-containing product. Affidavits that were submitted to other asbestos trusts only do not have to be submitted to the NARCO Trust.

- ☐ Proof of Service (as defined in the IR Instructions Booklet) if litigation information provided and the claimant is seeking to prove that the claim is an unliquidated Pre-Established Claim as a result of being filed and served on NARCO or Honeywell as a defendant in the tort system prior to the Petition Date

- ☐ Medical reports to support the alleged disease

- ☐ Proof of exposure to NARCO asbestos-containing product(s)

- ☐ Proof of other requisite exposure to Asbestos (if applicable)

- ☐ Proof of dependent's annual income (if claiming dependents), if known and if any

- ☐ Proof of Economic Loss when Economic Loss claimed