

MANVILLE PERSONAL INJURY SETTLEMENT TRUST

2002 TDP

Proof of Claim Form

Submit Completed Claims to:

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

Law Firm Administrative Contact
for this Claim:

Name: _____

Telephone Number: _____

Title: _____

E-mail address: _____

Law Firm: _____

PART 1: INJURED PARTY INFORMATION

Name: _____
 First Middle Last Jr. / Sr.

Social Security Number: _____ - _____ - _____ OR

International Id: _____ (Required for Foreign Claims)

Gender: (check box) Male
 Female

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

If injured party is LIVING

Mailing Address _____
 Street Address

 City, State (Province), Zip Code (Postal Code), Country
Daytime Telephone: _____ - _____
 Area Code
E-mail Address: _____

If injured party is DECEASED

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

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 Last Jr. / Sr.

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

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

Tax ID #: _____ Internet Address: _____

Law Firm Name: _____

Attorney Assigned: _____

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

**Mailing Address
For Claim-Related
Correspondence:**

Street Address

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

IF THERE IS CO-COUNSEL, COMPLETE THIS SECTION:

Tax ID #: _____ Internet Address: _____

Law Firm Name: _____

Attorney Assigned: _____

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

**Mailing Address
For Claim-Related
Correspondence:**

Street Address

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

PART 3: LITIGATION

Has any asbestos-related lawsuit been filed on behalf of this injured party?
(check one)

YES (give earliest date filed, and state or country) NO

____ / ____ / _____
Month / Year State Country

PART 4: EXPOSURE TO MANVILLE ASBESTOS

To qualify for any Disease Level, the claimant must demonstrate a minimum exposure to an asbestos-containing Manville product prior to December 31, 1982 together with additional asbestos exposure requirements where applicable.

EXPOSURE HISTORY

The following definitions must be used to indicate how exposure was obtained for each period of employment. As used here, on a “regular basis” means every workday for a substantial part of the workday.

- (i) handled raw asbestos fibers on a regular basis
- (ii) fabricated asbestos containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers
- (iii) altered, repaired or otherwise worked with an asbestos containing product such that the claimant was exposed on a regular basis to asbestos fibers
- (iv) was employed in an industry and occupation such that the claimant worked on a regular basis within 10-20 feet of workers engaged in the activities described in (i), (ii) and or (iii)
- (v) Exposed other than by (i), (ii), (iii) or (iv)

Completing **Part A** of this section is necessary only 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 B of this section is mandatory. It reflects all periods of exposure to asbestos by an occupationally, or directly, exposed person. If Part A is completed, Part B must contain the exposure information of the individual that was occupationally, or directly, exposed to the asbestos product(s).

When indicating product and occupations, use the codes listed on pages 8 and 9.

1. Part A: Bystander – secondary exposure including family member.

Enter the dates that you were exposed to the occupationally exposed person (the other person):

From: _____ / _____ **To:** _____ / _____
Month / Year Month / Year

Provide the name of the occupationally exposed person and his/her relationship to you:

First Name: _____ Last Name: _____

Relationship: (check box) Family Tenant, boarder, roommate
 Laundry customer Other

1. Part B: Occupational exposure - MANDATORY. This section must be completed, describing all periods of asbestos exposure of the occupationally, or directly, exposed person. Product and occupation codes are listed on pages 8 and 9.

From: _____ / _____ **To:** _____ / _____
Month / Year Month / Year

Occupation Code: _____ Industry Code: _____

Exposure Site: _____
Name of Plant or Site

_____ State Country

If the country of exposure is other than the US or Canada please answer the following:

Did this exposure occur at a U.S. military installation, U.S. embassy complex or on a U.S. military ship? _____ (YES) _____ (NO)

Check the category that best describes the exposure of the injured party:

- _____ (i) Handled raw asbestos fibers on a regular basis
- _____ (ii) Fabricated asbestos-containing products so that he/she was exposed on a regular basis to raw asbestos fibers

- _____ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers
- _____ (iv) Was employed in an occupation such that the claimant worked on a regular basis in proximity of workers engaged in the activities described in (i), (ii) and/or (iii)
- _____ (v) Exposed other than by (i), (ii), (iii) or (iv)

If category (iv) or (v) 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 was exposed on a regular basis to raw asbestos fibers
- _____ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant 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): _____

Additional exposure pages follow, if needed. Complete one page for each exposure.

1. Part A: Bystander – secondary exposure including family member.

Enter the dates that you were exposed to the occupationally exposed person (the other person):

From: _____ / _____
Month / Year

To: _____ / _____
Month / Year

Provide the name of the occupationally exposed person and his/her relationship to you:

First Name: _____ Last Name: _____

- Relationship: (check box)
- Family
 - Tenant, boarder, roommate
 - Laundry customer
 - Other

1. Part B: Occupational exposure - MANDATORY. This section must be completed describing all periods of asbestos exposure of the occupationally, or directly, exposed person. Product and occupation codes are listed on pages 8 and 9.

From: _____ / _____
Month / Year

To: _____ / _____
Month / Year

Occupation Code: _____ Industry Code: _____

Exposure Site: _____
Name of Plant or Site

State Country

If the country of exposure is other than the U.S. or Canada, please answer the following:

Did this exposure occur at a U.S. military installation, U.S. embassy complex or on a U.S. military ship? _____ (YES) _____ (NO)

Check the category that best describes the exposure of the injured party:

- _____ (i) Handled raw asbestos fibers on a regular basis
- _____ (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers
- _____ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers
- _____ (iv) Was employed in an occupation such that the claimant worked on a regular basis in proximity of workers engaged in the activities described in (i), (ii) and/or (iii)
- _____ (v) Exposed other than by (i), (ii), (iii) or (iv)

If category (iv) or (v) 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 was exposed on a regular basis to raw asbestos fibers

_____ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant 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): _____

Attach additional pages if needed.

Occupation Codes

- | | |
|--|---|
| 01. Air Conditioning & Heating
Installer, Maintenance | 23. Heavy Equipment Operator |
| 03. Asbestos Miner, Asbestos
Plant Worker | 63. Hostler |
| 04. Asbestos Removal Worker | 02. Insulation |
| 60. Baker | 53. Longshoreman |
| 12. Brake Maker | 64. Machine Operator |
| 13. Brick Masons, Layer & Hod Carrier | 26. Machinists |
| 09. Boiler Worker, Repair | 10. Maintenance Worker |
| 61. Butcher & Meat Cutter | 06. Mechanic |
| 51. Bystander (Including Family
Member) | 27. Millwright |
| 15. Carpenter | 50. Office Worker |
| 55. Chipper | 28. Painter |
| 67. Construction Laborer | 30. Pipe fitter, Steamfitter plumber &
Helper |
| 18. Custodian | 31. Plasterer & Sheet-Rock Installer |
| 19. Electrician | 11. Railroad, Brakeman, Carman,
Conductor, and Laborer |
| 20. Engineer | 34. Rigger |
| 76. Environmental Bystander | 35. Sandblaster |
| 05. Factory Worker (Assembly Line) | 33. Seaman (Engine Room) |
| 59. Factory Worker (Non-Assembly
Line) | 36. Seaman (Non-Engine Room) |
| 21. Fire Fighters | 37. Sheet Metal Worker |
| 22. Furnace Worker, Installer &
Maintenance | 39. Ship fitter |
| 52. Glass Worker | 38. Shipwright |
| 56. Grinder | 65. Shipyard Laborer |
| 57. Hazardous Materials Removal | 54. Steel, Foundry, Aluminum Worker |
| 62. Heat Treating Equipment Operator | 40. Warehouse Worker |
| | 08. Welder |
| | 66. Well Pullers |

Industry Codes

- | | |
|--|---|
| 102. Asbestos Abatement | 111. Military |
| 104. Automotive Dealers, Repair Services and Stations | 134. Mining and Quarrying Nonmetallic Minerals except Fuels |
| 106. Chemicals and Allied Products | 116. Munitions Plant |
| 107. Construction Trade | 125. Non-Manville Asbestos Manufacturing and Mining |
| 123. Electric, Gas, Sanitary and Telephone Services | 135. Oil and Gas Extraction |
| 127. Electronic Equipment and Components | 118. Paper and Allied Products |
| 002. Environmental Bystander | 114. Petroleum and Related Industries |
| 128. Food and Kindred Products | 136. Pipelines (Except Natural Gas) |
| 129. Government, Municipalities and Schools | 108. Primary Metal Industries |
| 130. Industrial and Commercial Machinery and Computer Equipment | 137. Printing and Publishing Industries |
| 131. Local and Suburban Transit and Interurban Highway Passenger | 117. Railroad Transportation |
| 109. Longshore | 122. Rubber and Miscellaneous Products |
| 124. Manville Asbestos Manufacturing and Mining | 120. Shipyard (Construction, Repair of Ships) |
| 110. Maritime | 112. Stone, Clay, Glass and Concrete Products |
| 132. Measuring, Analyzing and Controlling Instruments | 121. Textile Mill Products |
| 133. Metal Mining | 138. Tobacco Products |
| | 101. Transportation Equipment (Including Automobile and Aircraft) |
| | 139. Water Transportation |

PART 5: ASBESTOS-RELATED INJURY

DIAGNOSED INJURIES:

Place a check next to all injuries below that have been, or were, diagnosed for this injured Party AND for which medical documentation is attached.

- Other Asbestos Disease (Level I)** **Lung Cancer (One) (Level VI)**
- Asbestosis/Pleural Disease (Level II)** *** Lung Cancer (Two) (Level VII)**
- * Asbestosis/Pleural Disease (Level III)** **Mesothelioma (Level VIII)**
- * Severe Asbestosis (Level IV)**
- * Other Cancer (Level V)**
 - Colorectal
 - Laryngeal
 - Esophageal
 - Pharyngeal
 - Stomach Cancer

* AN ASTERISK INDICATES THAT THE DISEASE LEVEL REQUIRES SOE. Make certain that the claimant meets SOE requirements. If you are requesting site approval, you must contact the CRMC Verification Coordinator prior to submitting your claim.

PART 6: SMOKING HISTORY

This section is to be completed ONLY when you have alleged a Level VI or VII.

Has the injured party ever smoked cigarettes? (Circle one) YES NO UNKNOWN

If yes, is the injured party a current smoker? YES NO

If no, what year did the injured party quit smoking? _____
Year

PART 7: PACOR CLAIM INTENT

- By checking this box, I assert the intent to file a PACOR Claim. I understand that the PACOR claim must be filed within six (6) months of the Manville Trust claim settlement date to meet the statute of limitations.

PART 8: SIGNATURE

All claims must be signed by the injured party or the person filing on his/her behalf. If the claimant is represented by counsel, counsel must also sign. Facsimile signatures are acceptable.

By signing the POC form, you are certifying that all representations you have made are true and accurate.

SIGNATURE OF INJURED PARTY OR PERSONAL REPRESENTATIVE

PLEASE PRINT THE NAME AND RELATIONSHIP TO THE INJURED PARTY OF THE SIGNATORY ABOVE

SIGNATURE OF COUNSEL