

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

Proof of Claim Form for Indirect Asbestos Trust Claims

Submit Completed Claims to:

Claims Resolution Management Corporation
3120 Fairview Park Drive, Suite 200
Falls Church, VA 22042-0683
(703) 204-9300, (800) 536-2722

For purposes of this form, the “**Indirect Claimant**”¹ is the entity seeking contribution, indemnification or reimbursement from the NARCO Asbestos Trust pursuant to Section 4.6 of the NARCO Asbestos Trust Distribution Procedures (“TDP”). The “**Direct Claimant**” is the injured person whose underlying asbestos personal injury or wrongful death case or claim gave rise to the Indirect Asbestos Trust Claim.²

A separate Proof of Claim Form for Indirect Asbestos Trust Claims must be submitted for each underlying Direct Claimant’s NARCO Asbestos Trust Claim so that each Indirect Asbestos Trust Claim may be individually reviewed. Indirect Claimants must establish that the Trust has an obligation to the Direct Claimant under the TDP. In the event a Proof of Claim Form has been filed by the Direct Claimant and approved for payment by the NARCO Asbestos Trust, the NARCO Asbestos Trust will consider this requirement to have been satisfied. If no such Proof of Claim Form has been received and approved for payment, the Indirect Claimant must submit, to the best of its ability, the information requested in the Proof of Claim Form (together with any and all supporting documentation) for the claimant in respect of which the Indirect Asbestos Trust Claim is filed.

The NARCO Asbestos Trust may require additional information and documents after reviewing the submission.

¹ As used herein, “Indirect Claimant” refers to the “Indirect Asbestos Trust Claimant” as that term is described in Section 4.6 of the TDP.

² Capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the TDP.

PART I: INDIRECT CLAIMANT INFORMATION

1.1. Identification of Indirect Claimant

Name of Indirect Claimant _____

Mailing Address

Street Address

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

Fed. Emp. I.D. No. _____ Telephone _____

Nature of Business _____

Contact Person _____ Title: _____

Mailing Address

Street Address

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

Email Address _____

Telephone _____ Fax _____

1.2 Identification of counsel representing Indirect Claimant

Name of Attorney _____

Name of Law Firm _____

Mailing Address

Street Address

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

Email Address _____

Telephone _____ Fax _____

1.3 Indirect Claim Amount

Total Amount Claimed \$ _____

Total Amount of award, judgment or settlement: \$ _____

PART 2: DIRECT CLAIMANT (INJURED PARTY) INFORMATION

Name

First M.I. Last Jr. Sr. etc.

Social Security Number _____ OR International Id _____

Date of Birth _____
(MM/DD/YYYY)

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)**

PART 3: INDIRECT CLAIM TYPE

3.1 Legal Theory of Recovery

Is this a contribution claim? Yes No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

Is this an indemnification claim? Yes No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

PART 4: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION

4.1 Proof of Claim

Did the Indirect Claimant file a Proof of Claim in the NARCO bankruptcy case?

Yes No

If "yes," attach a copy of the Proof of Claim.

4.2 Related Claims

Have you sought or do you plan to seek contribution, indemnification, reimbursement or other such relief from any other asbestos producer, trust, entity or individual other than the NARCO Asbestos Trust in relation to the Direct Claimant identified herein?

Yes No

If "yes," please provide the following information for each entity. If these claims involve lawsuits or other dispute resolution proceedings, please attach a copy of the relevant complaint(s), any release(s), any judgment(s) or any settlement agreement(s).

Attach additional sheets for each entity from whom you have sought or plan to seek compensation related to the Direct Claimant.

Name of Entity: _____

Amount of Claim: \$_____

Type of Claim (lawsuit, negotiation, prior agreement, trust submission, etc.)

Basis of Claim: _____

Status or outcome of the claim:

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please provide the court or other dispute resolution forum, including case number and state/jurisdiction:

Please note that this is a continuing obligation; you must notify the NARCO Asbestos Trust when you seek (or recover funds on account of) contribution, indemnification, reimbursement or other such relief from any other asbestos producer, trust, entity or individual other than the NARCO Asbestos Trust in relation to the Direct Claimant identified herein.

PART 5: SIGNATURE

This claim form must be signed by a representative of the Indirect Claimant.

By signing below, I certify that I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, I hereby certify, under penalty of perjury, the information submitted is accurate. In addition, by signing below, I certify and warrant that I am authorized to file this claim on behalf of the Indirect Claimant.

First Name, Middle Initial, Last Name of Representative of Indirect Claimant (Must be a Corporate Officer or Attorney in Charge)

Signature

Title

Date: ____/____/____
(MM/DD/YYYY)