

# C. E. THURSTON & SONS ASBESTOS TRUST

**Proof of Claim Form  
for  
Asbestos Personal Injury**

Submit Completed Claims to:

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

For information on filing electronically, please call CRMC Claims Service at the above numbers or e-mail us at: [inquiry@claimsres.com](mailto:inquiry@claimsres.com)

Law Firm Administrative Contact  
for this Claim:

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Law Firm: \_\_\_\_\_

**Please review the Instructions booklet prior to completing this claim form.**

**PART 1: INJURED PARTY INFORMATION**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Jr. Sr. etc

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**

Last state of residence of injured party: \_\_\_\_\_

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                                    Last                                    Jr. Sr. etc.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

International Id: \_\_\_\_\_ (Required for Foreign Claims) OR

Estate Tax Id: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                                    Street Address

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

Daytime Telephone: \_\_\_\_\_ - \_\_\_\_\_  
                                    Area Code

E-mail Address: \_\_\_\_\_

Relationship to injured party: (check box)

Relative  Guardian / Administrator  Other

**PART 2: LAW FIRM/ATTORNEY INFORMATION**

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

If previously supplied by CRMC, Law Firm Code: \_\_\_\_\_ Attorney Code: \_\_\_\_\_

**OR**

Tax ID #: \_\_\_\_\_ Internet Address: \_\_\_\_\_

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*

**IF THERE IS CO-COUNSEL, COMPLETE THIS SECTION:**

If previously supplied by CRMC, Law Firm Code: \_\_\_\_\_ Attorney Code \_\_\_\_\_

OR

Tax ID #: \_\_\_\_\_ Internet Address: \_\_\_\_\_

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: LITIGATION**

Has any asbestos-related lawsuit been filed against C. E. Thurston & Sons, Inc. on behalf of this injured party? (check box)

YES (Provide earliest date filed, and name of State or Country.)  NO

\_\_\_\_\_  
Date State Country

**PART 4: BANKRUPTCY BALLOT OR CLAIM**

Was a ballot or claim filed with C. E. Thurston & Sons, Inc. on behalf of the injured party during the bankruptcy? (check box)

YES (Provide Tracking Number, and Tracking Date from list.)       NO

\_\_\_\_\_  
Tracking Number

\_\_\_\_\_  
Tracking Date

**PART 5: EXPOSURE TO C. E. THURSTON & SONS ASBESTOS**

To qualify for any Disease Level, the claimant must demonstrate exposure to asbestos-containing products installed, sold, supplied, distributed, marketed or removed by C. E. Thurston & Sons, Inc. (“Thurston Asbestos”) prior to January 1, 1982, together with additional asbestos exposure requirements where applicable.

**EXPOSURE HISTORY**

The following exposure category definitions must be used to indicate how exposure was obtained for each period of employment.

Categories:

The claimant, or the occupationally-exposed person in the case of a secondary exposure claim:

- (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)

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 13 and 14.

**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 13 and 14.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year

Product Code(s): \_\_\_\_\_ Occupation Code: \_\_\_\_\_

Site Code: \_\_\_\_\_ (Contact CRMC to obtain code for C. E. Thurston exposure site – see Instructions. Use “NT” for all non-C. E. Thurston exposure sites.)

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)

Was all of the occupational exposure to Thurston Asbestos for this claim related solely to abatement or removal work by C. E. Thurston & Sons, Inc. of asbestos or asbestos-containing products which were not sold or sold and installed by C. E. Thurston & Sons, Inc.?

Yes  No

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): \_\_\_\_\_

**Proof of exposure must be submitted - see Sufficiency of Evidence, Part 4, in the Instructions booklet.**

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

**2. 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

**2. 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 13 and 14.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year

Product Code(s): \_\_\_\_\_ Occupation Code: \_\_\_\_\_

Site Code: \_\_\_\_\_ (Contact CRMC to obtain code for C. E. Thurston exposure site – see Instructions. Use “NT” for all non-C. E. Thurston exposure sites.)

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): \_\_\_\_\_

**Proof of exposure must be submitted - see Sufficiency of Evidence, Part 4, in the Instructions booklet.**

**Additional Exposure page follows, if needed.**

**3. 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

**3. 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 13 and 14.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year

Product Code(s): \_\_\_\_\_ Occupation Code: \_\_\_\_\_

Site Code: \_\_\_\_\_ (Contact CRMC to obtain code for C. E. Thurston exposure site – see Instructions. Use “NT” for all non-C. E. Thurston exposure sites.)

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)



**Occupation Codes\***

1	Air Conditioning & Heating Installer, Maintenance	2	Insulator
3	Asbestos Miner, Asbestos Plant Worker	24	Joiner
4	Asbestos Removal Worker	53	Longshoreman
60	Baker	26	Machinist
9	Boiler Worker, Repair	10	Maintenance Worker
12	Brake Maker	6	Mechanic
13	Brick Mason, Layer & Hod Carrier	27	Millwright
61	Butcher / Meat Cutter	28	Painter
51	Bystander – Secondary exposure including family member	29	Pipecoverer - asbestos
15	Carpenter	30	Pipefitter, Steamfitter, Plumber & Helper
55	Chipper	31	Plasterer / Sheet-Rock Installer
67	Construction Laborer	11	Railroad, Brakeman, Carman, Conductor, and Laborer
18	Custodian	68	Railroad mechanic
19	Electrician	34	Rigger
20	Engineer (non-railroad)	35	Sandblaster
5	Factory Worker (Assembly Line)	33	Seaman - Engine Room or Submarine
59	Factory Worker (Non-Assembly Line)	36	Seaman - Other
21	Firefighter	37	Sheetmetal Worker
22	Furnace Worker, Installer & Maintenance	38	Shipfitter / Shipwright
52	Glass Worker	65	Shipyards Worker
56	Grinder	54	Steel, Foundry, Aluminum Worker
57	Hazardous Materials Removal	40	Warehouse Worker
62	Heat Treating Equipment Operator	8	Welder
23	Heavy Equipment Operator	66	Well Puller
63	Hostler		

\*Not all codes qualify for Thurston Asbestos or SOE exposure.

**Asbestos Product Codes\***

1	Acoustical plaster	26	Decorative plaster
2	Asbestos cement	27	Electric wiring insulation
3	Asbestos cloth	28	Fire blankets
4	Asbestos felt	29	Fire curtains
5	Asbestos millboard	30	Flooring backing
6	Asbestos packing	31	Gaskets
7	Asbestos paper	32	Insulating cement
8	Asbestos rollboard	33	Joint compound
9	Asbestos rope	34	Laboratory gloves
10	Asbestos sewing thread	35	Marine bulkhead
11	Asbestos sheet packing	36	Marine bulkhead veneer
12	Asbestos spray insulation	37	Mastic and adhesive
13	Asbestos tape	38	Molded insulation / blocks
14	Asbestos wicking	39	Pipe Insulation
15	Asphalt floor tile	49	Raw asbestos fiber
16	Blown-in insulation	40	Refractory
17	Brake lining	41	Shingles and roofing
18	Calcium silicate blocks and pipe covering	42	Spackling compound
19	Calcium silicate pipe insulation	43	Textured paints
20	Caulking / putties	44	Valve Packing
21	Ceiling tiles and panels	45	Vinyl asbestos flooring
22	Cement pipes	46	Vinyl floor tile
23	Cement siding	47	Vinyl sheet flooring
24	Cement wallboard	48	Vinyl wall covering
25	Clutch lining	49	To Be Provided

\*Not all codes qualify as C. E. Thurston products.

**PART 6: ASBESTOS-RELATED INJURY**

**DIAGNOSED INJURIES:**

Place a check next to all asbestos related injuries below that have been, or were, diagnosed for this injured party.

See the Instructions for the medical documentation required to support each Disease Level as outlined in sections 7.3(a)(3) and 7.7(a) of the C. E. Thurston & Sons, Inc. Asbestos Related Claims and Demands Trust Distribution Procedures. You must include the earliest qualifying medical documentation for the highest level disease claimed.

\* **Non-Malignant Disease (Level I)**

\* **Disabling Severe Asbestosis (Level II)**

\* **Other Cancer (Level III)**

Colorectal

Laryngeal

Esophageal

Pharyngeal

Stomach Cancer

\* **Lung Cancer (Level IV)**

**Mesothelioma (Level V)**

\* AN ASTERISK INDICATES THAT THE DISEASE LEVEL REQUIRES Significant Occupational Exposure (“SOE”) for the person with occupational exposure. This requires employment in exposure categories (i), (ii), (iii) or (iv) for a cumulative period of at least five (5) years, with a minimum of two of the years before 1982.

**PART 7: SIGNATURE**

**All claims must be signed by the injured party or the personal representative 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 to the best of your knowledge and that neither the injured party nor any personal representative has previously relinquished the right to file such a claim against C. E. Thurston & Sons, Inc. or against this trust.**

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SIGNATURE OF INJURED PARTY OR PERSONAL REPRESENTATIVE

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

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SIGNATURE OF COUNSEL