

**DURABLE MANUFACTURING COMPANY
AND DURABLE CANADA LTD.
ASBESTOS TRUST**

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: _____

Please review the instructions 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)

Medicare Health Insurance Claim Number (HICN) (if applicable): _____

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 _____

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

Personal Representative

Personal Representative Name (if the 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.

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: _____ - _____
Area Code

E-mail address: _____

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

Street Address

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

Country

PART 3: LITIGATION

1. Has an asbestos-related lawsuit ever been filed on behalf of the injured party?

Yes____ No____

a. Was Durabla named as a defendant? Yes____ No____

b. State in which the suit was originally filed: _____

c. Name of the court in which the suit was originally filed:

d. Case number: _____

e. Date the suit was originally filed: ____/____/____
(MM) (DD) (YYYY)

f. Did the injured party ever receive money from Durabla regarding this suit?

Yes____ No____

g. Did the injured party sign a release releasing Durabla regarding this suit?

Yes____ No____

If the answer to question 1(g) above is Yes, please provide a copy of the release.

2.If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered?

Yes____ No____

a. If the answer to question 2 above is Yes, provide a copy of the judgment.

b. If the answer to question 2 above is No, was an appeal filed by Durabla or the plaintiff in connection with the suit? Yes____ No____

c. If the answer to question 2b above is Yes, please provide the case number of the appeal and indicate whether a letter of credit, appeal bond, supersedeas bond or other security or surety was issued in connection with the appeal, verdict, or judgment.

3.Was a tolling agreement for the injured party ever in effect with respect to the claim(s) against Durabla? Yes____ No____ If yes, please submit copy of tolling agreement.

a. Date the tolling agreement began: / /
(MM) (DD) (YYYY)

b. Date the tolling agreement ended: _____ / _____ / _____
(MM) (DD) (YYYY)

4. Was a claim filed with Durabla pursuant to an administrative settlement agreement?
Yes____ No____

a. Date the claim was originally filed: _____ / _____ / _____
(MM) (DD) (YYYY)

b. Has the injured party received money from Durabla re: this claim?
Yes_____ No_____

PART 4: JURISDICTION

Which state/jurisdiction would the injured party qualify to be evaluated under pursuant to TDP section 5.3(b)(2)? _____

What is the basis for Jurisdiction Election:

_____ state/jurisdiction filed in the tort system prior to the Petition Date

_____ state/jurisdiction where the injured party had Durable Exposure

____ state/jurisdiction where the injured party resided at the time of the filing of this claim

state/jurisdiction where the injured party resided at the time of diagnosis

PART 5: -OCCUPATIONAL EXPOSURE

If claim is for Secondary Exposure DO NOT Complete Part 5, Proceed to Part 6.

To qualify for any Disease Level, the injured party must demonstrate exposure to asbestos-containing products manufactured, produced, or distributed by a Debtor or to conduct for which a Debtor has legal responsibility (“Durabla Exposure”) occurring prior to December 31, 1982, together with additional asbestos exposure requirements where applicable.

DURABLE Asbestos Exposure. This section must be completed describing all periods of DURABLE asbestos-containing products exposure of the occupationally exposed person necessary to meet the applicable TDP requirements. Use occupation and industry codes listed on pages 12 & 13.

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

Occupation Code: _____ Industry Code: _____

Name of company or entity where occupational exposure occurred:

Plant, site or ship name: _____

City *State* *Country*

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

If the injured party checks category (iv) for exposure:

Check the category that best describes the exposure of the co-worker(s) or occupationally-exposed person.

___ (i) ___ (ii) ___ (iii)

Using the occupation codes listed on page 12, list the occupation code(s) of occupationally exposed co-worker(s) in proximity

_____ Occupation Code(s)

PART 6: -EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON

Complete this part only if the Injured Party's asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person ("OEP")

Provide the following for each OEP claimed. Copy this page if more than one OEP is claimed.

6.1 Injured Party's Exposure Through OEP:

The Injured Party had asbestos exposure on a regular basis through the OEP identified in 6.2 below

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

Injured Party's Relationship to OEP: _____

6.2: OEP's Durabla Asbestos Exposure: [For each additional exposure period, please copy this page and attach the additional completed information in this section.]

—

Name of OEP: _____
First Middle Last

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

Occupation Code: _____ Industry Code: _____

Name of company or entity where occupational exposure occurred:

Plant, site or ship name: _____

City State Country

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 such that the injured party was exposed on a

regular basis to raw asbestos fibers

___ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers

___ (iv) Was employed in an occupation such that the injured party worked on a regular basis in close proximity to workers engaged in the activities described in (i), (ii) and/or (iii)

___ (v) Was exposed other than by (i), (ii), (iii) or (iv)

Describe:

If the injured party checks category (iv) for exposure:

Check the category that best describes the exposure of the co-worker(s) or occupationally-exposed person.

___ (i) ___ (ii) ___ (iii)

Using the occupation codes listed on page 12, list the occupation code(s) of occupationally exposed co-worker(s) in proximity

_____ Occupation Code(s)

6.3. If the exposure information provided in 6.2 above is not sufficient to meet the SOE requirements, please provide additional occupation exposure below.

From: _____ **To:** _____
Month Year Month Year
Occupation Code: _____ Industry Code: _____

Name of company or entity where occupational exposure occurred:

Plant, site or ship name: _____

City State Country

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

Describe:

Occupation Codes

- | | |
|--|---|
| 01. Air Conditioning & Heating
Installer, Maintenance | 63. Hostler |
| 03. Asbestos Miner, Asbestos
Plant Worker | 02. Insulation |
| 04. Asbestos Removal Worker | 53. Longshoreman |
| 60. Baker | 64. Machine Operator |
| 12. Brake Maker | 26. Machinists |
| 13. Brick Masons, Layer & Hod Carrier | 10. Maintenance Worker |
| 09. Boiler Worker, Repair | 06. Mechanic |
| 61. Butcher & Meat Cutter | 27. Millwright |
| 51. Secondary exposure including
family member | 50. Office Worker |
| 15. Carpenter | 28. Painter |
| 55. Chipper | 30. Pipe fitter, Steamfitter plumber &
Helper |
| 67. Construction Laborer | 31. Plasterer & Sheet-Rock Installer |
| 18. Custodian | 11. Railroad, Brakeman, Carman,
Conductor, and Laborer |
| 19. Electrician | 34. Rigger |
| 20. Engineer | 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 |
| 23. Heavy Equipment Operator | 08. Welder |
| | 66. Well Pullers |
| | 99. Other |

Industry Codes

- 100. Aerospace/Aviation
- 101. Asbestos Abatement
- 102. Automobile/Mechanical Friction
- 103. Asbestos Products Manufacturing/Mining
- 104. Chemical
- 105. Construction Trades
- 106. Environmental Bystander
- 107. Family member/bystander
- 108. Insulation
- 109. Iron & Steel
- 110. Longshore
- 111. Maritime
- 112. Military
- 113. Non-Asbestos Products Manufacturing
- 114. Petrochemical
- 115. Railroad
- 116. Shipyard-Construction/Repair
- 117. Textile
- 118. Tire & Rubber
- 119. Utilities
- 120. Other

PART 7: ASBESTOS-RELATED INJURY

DIAGNOSED INJURIES:

Place a check next to the highest Disease Level upon which the Claim is based and provide the date of first diagnosis for the disease claimed.

See the Instructions for the medical documentation required to support each Disease Level. You must include the earliest qualifying medical documentation for the highest disease level claimed.

___ **Asbestosis/Pleural 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)**

Date of First Diagnosis: _____

* 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 (2) of the years prior to December 31, 1982.

PART 8: SIGNATURE

All claims must be signed by the injured party or the person filing on his/her behalf (such as the personal representative or attorney).

If signed by the injured party or the personal representative, I (the injured party or personal representative) 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, that the information submitted is accurate.

If signed by the injured party's counsel, I (the injured party's counsel) certify that the information is submitted pursuant to and subject to the provisions of Rule 11(b) of the Federal Rules of Civil Procedure.

SIGNATURE OF INJURED PARTY OR PERSONAL REPRESENTATIVE

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

SIGNATURE OF COUNSEL