

**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

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 or state where exposure occurred: ____

Date of Death: _____ Was death asbestos related? Yes ____ No ____
 (MM/DD/YYYY)

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.

Estate Tax Id _____ or

International 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

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: ____/____/____
(month) (day) (year)

f. Have you received money from Durabla regarding this suit? Yes ___ No ___

g. Did you 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 to the Trust.

2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered?
Yes ___ No ___

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

2b. 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 ___

2c. 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. If the answer to question 1(a) above is No, in which state/jurisdiction would the claimant qualify to be evaluated pursuant to TDP section 5.3(b)(2)?

3a. Is this the state/jurisdiction where the injured party had Durabla Exposure? Yes _____ No _____

3b. Is this the state/jurisdiction where the claimant resided at the time of the filing of this claim? Yes _____ No _____

3.c. Is this the state/jurisdiction where the injured party resided at the time of diagnosis? Yes _____ No _____

4. 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.

4a. Date the tolling agreement began: _____ / _____ / _____
(month) (day) (year)

4b. Date the tolling agreement ended: _____ / _____ / _____
(month) (day) (year)

5. Was a claim filed with Durabla pursuant to an administrative settlement agreement? Yes _____ No _____

5a. Date the claim was originally filed: _____ / _____ / _____
(month) (day) (year)

5b. Have you received money from Durabla re: this claim? Yes _____ No _____

**PART 4: EXPOSURE TO DURABLE ASBESTOS/OTHER REQUIRED
ASBESTOS EXPOSURE**

To qualify for any Disease Level, the claimant must demonstrate exposure to asbestos-containing products manufactured, produced, or distributed by a Debtor or to conduct for which a Debtor has legal responsibility (“Durable Exposure”) occurring prior to December 31, 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. As used here, on a “regular basis” means every workday for a substantial part of the workday.

Categories

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
 - (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) Was exposed solely from secondary exposure to an occupationally exposed person
 - (vi) Was exposed other than by (i), (ii), (iii), (iv) or (v) Describe:
-

TO BE COMPLETED FOR PERSON WITH EXPOSURE TO DURABLE ASBESTOS. (Proof of exposure must be submitted. See Instructions)

Describe all periods during which the injured party was exposed to Durable Asbestos. Use occupation and product codes listed on pages 10 & 11.

Attach additional pages if needed.

From: _____ **To:** _____
Month Year Month Year
Occupation Code: _____ Product Code(s): _____

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 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) Was exposed solely from secondary exposure to an occupationally exposed person
- ___ (iv) Was exposed other than by (i), (ii), (iii), (iv) or (v) Describe:

If the claimant checks category (iv) or (v) 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 10, list the occupation code(s) of occupationally exposed co-worker(s) in proximity
_____ Occupation Code(s)

If the claimant checks category (v) for exposure list the name of the occupationally-exposed person and his or her relationship to the claimant.

Name: _____

Relationship: _____

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 5: 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 6: 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 claimant or the personal representative, I (the claimant 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 claimant's counsel, I (the claimant'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