

# 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 9 through 13.

**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

77. 2nd Helper	114. Boilermaker
78. Abatement Worker	115. Boilermaker Helper
79. Acoustical Worker	116. Boilermaker Supervisor
01. Air Conditioning & Heating Installer, Maintenance	117. Boilerman
80. Aluminum Worker	118. Brake and Clutch Repairman
81. Anglesmith	119. Brake Line, Shoe Installer, Repairman
82. Asbestos Floor Supervisor	12. Brake Maker
03. Asbestos Miner, Asbestos Plant Worker	120. Brake Mechanic
04. Asbestos Removal Worker	121. Brake Worker
83. Asbestos Worker	122. Brick Gang
84. Ash Handler	123. Brick Layer
85. Ash Puller	13. Brick Mason, Layer & Hod Carrier
86. Assembler	124. Burner
87. Assembler and Installer of Brakes	125. Burner Helper
88. Assembler of Clutches	61. Butcher/Meat Cutter
89. Assembly Line Worker	126. Butler Pit Operator
90. Auto Mechanic/Bodywork	127. ByProducts Operator
91. B Operator	51. Bystander (Including Family Member)
92. Bag Opener	128. Cable Puller
93. Bagger	129. Cable Splicer
60. Baker	130. Car Loader
94. Bale Press Operator	131. Carder of asbestos yarn
95. Baler	15. Carpenter
96. Beamer	132. Ceiling Tile Installer
97. Beaterman	133. Cell Renewal Leader
98. Bldg. Maintenance, Bldg. Engineer	134. Cement Finisher
99. Bldg. Occupant, Office Worker, Clerical, Professional	135. Cement Mason
100. Blender	136. Chemical Operator
101. Boiler Coverer	137. Chemical Worker
102. Boiler Inspector	138. Chemist
103. Boiler Insulator	139. Chief Operator in Pump Room
104. Boiler Manufacturing Plant Worker	55. Chipper
105. Boiler Mechanic Helper	140. Coke Handler
106. Boiler Operator	141. Coke Worker
107. Boiler Repairer	142. Compound Mixer
108. Boiler Supervisor	143. Concrete Laborer
109. Boiler Technician	67. Construction Laborer
110. Boiler Tender	144. Core Room Operator
111. Boiler Tester	145. Core Setter
112. Boiler Washer	146. CrackOff
09. Boiler Worker	147. Crane Operator
113. Boilermaid	148. Crude Still Foreman
	149. Crusher

- 150. Crusher Operator
- 18. Custodian, Janitor
- 151. Cutter
- 152. Demolition Worker
- 153. Design Engineer
- 154. Die Cast Operator
- 155. Doff Crew
- 156. Draw Twist
- 157. Drill Repairman
- 158. Driller
- 159. Dry Cleaner
- 160. Dryer Foreman
- 161. Dryer Operator
- 162. Drywall Applicator
- 163. Drywall Installer-Commercial  
Building Trades
- 164. Drywall Taper
- 165. Electrical Engineer
- 166. Electrical Inspector
- 19. Electrician
- 167. Electrician Helper
- 168. Engine Fitter
- 169. Engine Maintenance Man
- 170. Engine Room Mechanic
- 171. Engine Room Supervisor
- 172. Engine Room Wiper
- 173. Engine Room Worker
- 20. Engineer (chemical, mechanical etc)
- 174. Engineman
- 76. Environmental Bystander
- 175. Erector
- 176. Fabricator
- 05. Factory Worker (Assembly Line)  
Non Asbestos
- 59. Factory Worker (Not-Assembly  
Line)
- 177. Field Construction Inspector
- 178. Field Engineer
- 179. Field Operator Supervisor
- 180. Field Worker
- 21. Fire Fighters
- 181. Floor Tile and Linoleum Layer
- 182. Foreman
- 183. Forger
- 184. Forklift Operator
- 185. Foundry Worker
- 22. Furnace Installer
- 186. Furnace Operator
- 187. Furnace Repairman
- 188. Galvinizer
- 189. Gauger
- 190. General Foreman
- 52. Glass Worker
- 56. Grinder
- 57. Hazardous Materials Removal
- 191. Head Operator
- 192. Heat Treater
- 62. Heat Treating Equipment Operator
- 193. Heating Insulator
- 23. Heavy Equipment Operator
- 194. Hod Carrier
- 195. Hopper Loader
- 196. Hor Nylon Worker
- 63. Hostler
- 197. Hull Department Supervisor
- 198. Hull Foreman
- 199. Hull Maintenance Technician
- 200. Inspector
- 201. Installer
- 202. Instrument Fitter
- 203. Instrument Technician
- 204. Insulator Helper
- 205. Insulator Helper/Apprentice
- 02. Insulator, Asbestos
- 206. Iron Pourer
- 207. Iron Worker
- 24. Joiner
- 208. Laboratory Technician
- 209. Laborer (Const, Demolition,  
Shipyard)
- 210. Lagger
- 211. Lathe Operator
- 212. Lather
- 213. Lay Operator
- 214. Lead Gauger
- 215. Leadman
- 216. Loader
- 53. Longshoreman
- 64. Machine Operator
- 26. Machinists
- 217. Maintenance
- 218. Maintenance Electrician

219. Maintenance Foreman	31. Plasterer/Sheetrock Installer
220. Maintenance Man	32. Plumber
221. Maintenance Mechanic	255. Poolman
222. Maintenance Supervisor	256. Pot Fitter
10. Maintenance Worker	257. Power Engineer
223. Mason	258. Power Meter Installer
224. Material Scheduler	259. Powerhouse Employee
06. Mechanic	260. Powerhouse Mechanic
225. Mechanic Craftsman	261. Production Engineer
226. Mechanic Repairman	262. Production Worker
227. Metal Cleaner	263. Puncher of Asbestos Cement Pipes
228. Metal Lather	264. Puncher of Flooring Materials
229. Mill Operator	265. Puncher of Gaskets
27. Millwright	266. Puncher of Millboard
230. Mixer	267. Puncher of Reinforced Plastics
231. Molder	268. Puncher of Roofing Materials
232. Nuclear Inspector	269. Reactor Plant Worker
50. Office Worker	270. Refinery Lab Tech
233. Oil Field Worker	271. Refinery Laborer
234. Oiler	272. Refinery Operator
235. Operating Engineer	273. Refractory Insulator
236. Operator	274. Rice Parmer
237. Operator (No temp specified)	34. Rigger
238. Operator of High Temp Machines	275. Ripout Worker
41. Other	42. Roofer
239. Oven Operator	276. Roughneck
240. Pack Hauler	277. Roundhouse Worker
241. Packer	278. Roustabout/Utility Man
28. Painter	11. RR Engr, Brakeman, Carman, Conductor, Fireman
242. Palletizer	279. Runner
243. Patcher	280. Salesman
244. Piece Worker	35. Sandblaster
245. Pipe Coverer	281. Saw Operator
246. Pipe Cutter	33. Seaman - Engine Room Only
247. Pipe Insulator	36. Seaman - Other Than Engine Room
248. Pipe Layer	282. Sheetmetal Mechanic
249. Pipe Layer of Water and Sewer Lines	37. Sheetmetal Worker
250. Pipe Welder	283. Sheetrock Hanger
251. Pipefitter's Helper	39. Shipfitter
30. Pipe fitter, Steamfitter Plumber & Helper	38. Shipwright
252. Plant Operator	65. Shipyard Laborer
253. Plant Worker	284. Slagger
254. Plasterer, Sheet-Rock, Drywall, Joiner	285. Spinner of Asbestos Cloths
	286. Stationary Engineer
	287. Steamfitter

54. Steelworker  
288. Stevedore  
289. Still Cleaner  
290. Stock Preparation  
291. Tile Grinder  
292. Tile Helper  
293. Tile Installer  
294. Tile Layer  
295. Tile Worker  
296. Tow Motor Driver  
297. Trouble Shooter  
298. Truck Driver

40. Warehouse Worker  
299. Warehouseman  
300. Weaver of Asbestos Fibers  
301. Welder's Helper  
08. Welder, Blacksmith  
66. Well Puller  
302. Wiper  
303. Wireman  
304. Yard Laborer  
305. Zone Mechanic

## Industry Codes

- |   |   |
|---|---|
| 140. Aerospace/Aviation                                 | 111. Military   |
| 102. Asbestos Abatement                                 | 145. Non-Asbestos Products<br>Manufacturing                 |
| 141. Automobile/Mechanical Friction                     | 125. Non-Manville Asbestos Products<br>Manufacturing/Mining |
| 142. Chemical   | 126. Other  |
| 107. Construction Trades                                | 146. Petrochemical  |
| 002. Environmental Bystander                            | 147. Railroad   |
| 001. Family member/bystander                            | 120. Shipyard-Construction/Repair                           |
| 143. Insulation   | 148. Textile  |
| 144. Iron & Steel                                       | 149. Tire & Rubber  |
| 109. Longshore  | 150. Utilities  |
| 124. Manville Asbestos Products<br>Manufacturing/Mining |   |
| 110. Maritime   |   |

**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.
  - (a) if the Pacor box is not checked, the statute of limitations for asserting Pacor/Manville claims will not be tolled, and(b) upon settlement of a Manville claim as to which the Pacor box was checked, assuming the Pacor statute of limitations had not expired prior to the filing of the Manville claim, a Pacor/Manville claim has to be filed within 6 months of settlement of the Manville claim or it will be barred by the Pacor 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.**

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SIGNATURE OF INJURED PARTY OR PERSONAL REPRESENTATIVE

---

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

---

SIGNATURE OF COUNSEL