

Instructions for Completing the **Shook & Fletcher Asbestos Settlement Trust** Proof of Claim Form

The attached document has been designed to assist you with the completion and submission of your proof of claim form.

Most important to the successful processing of your claim is to ensure it is accurate and complete. We encourage you to review your claim more than once before you send it to us. We have provided detailed instructions for each section of the claim form, in exactly the same order as you'll find them. We've also included some additional tips for filing. Please read through these carefully.

Despite the best of intentions, we know mistakes will occur. When they do, we will notify you as soon as possible of any deficiencies. Our goal is to process your claim as thoroughly and quickly as possible. The sooner you correct the deficiencies, the quicker your claim will move forward for evaluation.

Please call our Help line using the 800 number listed below for assistance in completing the form and determining what needs to be attached. If you are a first-time filer, we recommend you contact our Claims Supervisor to register your law firm prior to submitting your claim as this will help expedite the process.

When you are ready to submit your completed form, please send it to the address listed below or via email to inquiry@claimsres.com.

Claims Resolution Management Corporation

3120 Fairview Park Drive, Suite 200

Falls Church, VA 22042

(703) 204-9300

(800) 536-2722

The **CLAIM FORM – Shook & Fletcher Asbestos Settlement Trust** (the “Claim Form”), is required of all Injured Parties filing a claim with the SHK ASBESTOS Personal Injury TRUST (the “Trust”).

These instructions are intended to summarize certain significant issues related to filing a personal injury claim with the Trust. Nothing in these instructions is intended to replace or modify the requirements of the Shook & Fletcher Claims Resolution Procedures (CRP). All claimants are encouraged to thoroughly read and understand the CRP before filing a claim with the Trust. Capitalized terms used but not defined in these instructions shall have the meanings assigned in the CRP.

Submitting a Completed Claim to the Trust:

Claimants must complete the Claim Form as thoroughly and accurately as possible. If the form is not complete, it will be returned to you which will delay the processing of your claim.

To submit a valid personal injury claim, a claimant must provide:

- A completed Claim Form; and
- A medical diagnosis of a compensable disease; and
- Evidence of Shook & Fletcher exposure, with the dates of commencement and termination of such exposure.

If applicable, a claimant must also provide:

- A death certificate for the Injured Party;
- A Certificate of Official Capacity or other estate documentation if applicable per state law; and/or
- A Proof of dismissal document is required if the law suit was dismissed

Claim Form—Part 1: INJURED PARTY INFORMATION

Complete this section in full.

If the claimant is deceased, you must provide the date of death and the personal representative information. If this information is not complete, the claim cannot be processed. If you are filing a claim without representation and you are not the injured party you must provide legal documents as evidence that you have the proper authority to file on the claimant’s behalf. Additionally, provide one of the following if required by state law;

- Certificate of Official Capacity
- Other applicable document authorizing a person to act on

behalf of the Injured Party

Claim Form—Part 2: LAWFIRM/ATTORNEY INFORMATION

Please complete the law firm information in full.

Claim Form—Part 3: DIAGNOSED DISEASES

Check *only* the box identifying the highest Disease Level for which the injured party has been diagnosed and provide the first date of diagnosis for the Disease Level claimed.

Medical Evidence

With respect to CRP Valued Asbestos Claims, all diagnoses of a Disease Category shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the Trust Claimant's exposure sufficient to establish a 10-year latency period. A finding by a physician that a claimant's disease is "consistent with" or "compatible with" asbestosis will not alone be treated by the Trust as a diagnosis. In such a circumstance, the Trust will look for radiographic findings, physical examination findings, asbestos exposure history or other relevant data relied on by the physician to reach such opinion.

Medical/Exposure Criteria

Level I- Non-Malignant Asbestos-Related-Disease: (1) either (i) a report by a Certified B-reader showing that such holder has a Chest X-ray reading of 1/0 or higher on the ILO scale and/or bilateral pleural plaques, bilateral pleural thickening or bilateral pleural calcification, or (ii) other competent medical evidence acceptable to the Trustee of a diagnosis of an asbestos-related condition by a Qualified Physician, or (iii) a statement by a Board-Certified Pathologist that more than one representative section of lung tissue otherwise uninvolved with any other process (e.g., cancer, emphysema) demonstrates a pattern of peribronchiolar or parenchymal scarring in the presence of characteristic asbestos bodies, and (2) a statement by a Qualified Physician that such holder's non-malignant condition is causally related to asbestos exposure, (3) Evidence of Shook & Fletcher Exposure for a cumulative period totaling six months prior to December 31, 1985, plus (4) five years cumulative occupational exposure to asbestos.

Level II: Other Cancer: (1) a report by a Board-Certified Pathologist establishing that such holder has a primary colorectal, esophageal, laryngeal, pharyngeal, or stomach carcinoma, (2) a statement by a Qualified Physician stating that the carcinoma in question is causally related to such holder's asbestos exposure, and (3) either (i) a report by a Certified B-reader showing that the holder

has a Chest X-ray reading of 1/0 or higher on the ILO scale or (ii)(x) a chest x-ray read by a Certified B-reader, (y) a CT scan read by a Qualified Physician, or (z) pathology, in each case showing any of bilateral pleural plaques, bilateral pleural thickening, bilateral pleural calcification, bilateral interstitial fibrosis or a pathological diagnosis of asbestosis. No other asbestos-related cancer shall be compensable as an “Other Cancer” under the Compensable Disease Matrix, (4) evidence of Shook & Fletcher Exposure for a cumulative period totaling six months prior to December 31, 1985.

Level III: Lung Cancer: (1) a report by a Board-Certified Pathologist establishing that such holder has a primary carcinoma of the lung, (2) a statement from a Qualified Physician that the carcinoma in question is causally related to such holder’s asbestos exposure, and (3) either (i) a report by a Certified B-reader showing that such holder has a Chest X-ray reading of 1/0 or higher on the ILO scale or (ii)(x) a chest x-ray read by a Certified B-reader, (y) a CT scan read by a Qualified Physician, or (z,) pathology, in each case showing any of bilateral pleural plaques, bilateral pleural thickening, bilateral pleural calcification, bilateral interstitial fibrosis or a pathological diagnosis of asbestosis, (4) evidence of Shook & Fletcher Exposure for a cumulative period totaling six months prior to December 31, 1985.

Level IV: Mesothelioma (1) a report by a Board-Certified Pathologist stating that such holder has a diagnosis of a malignant Mesothelioma, (2) evidence of Shook & Fletcher Exposure prior to December 31, 1985.

Claim Form—Part 3A: ORDERING, PROCESSING AND PAYMENT OF CLAIMS

For processing purposes, the Trustee shall establish a schedule that allows the Trustee to process and determine properly filed CRP Valued Asbestos Claims in four annual batches, each composed of the Allowed Trust Claims filed within the three months schedule set by the Trust. Within each such batch, the Trustee shall order CRP Valued Asbestos Claims on a FIFO basis (the “**FIFO Processing Queue**”). For all CRP Valued Asbestos Claims, a Trust Claimant’s position in the FIFO Processing Queue shall be determined as of the first to occur of (i) the date prior to the Petition Date that the specific CRP Valued Asbestos Claim was filed against another defendant in the tort system; (ii) the date prior to the Petition Date that the specific CRP Valued Asbestos Claim was filed against Shook & Fletcher in the tort system; or (iii) the date after the Effective Date that the specific CRP Valued Asbestos Claim was filed with the Trust. If CRP Valued Asbestos Claims are filed on the same date, the Allowed Trust Claimants’ positions in the FIFO Processing Queue shall be determined by the date of the diagnosis of the asbestos-related disease giving rise to such Allowed Trust Claimants’ CRP Valued Asbestos Claim, with earlier diagnosis given priority over later diagnosis dates. If any CRP Valued Asbestos Claims are filed and diagnosed on the same date, the Allowed Trust Claimants’ positions in the FIFO Processing Queue shall be determined by the Allowed Trust Claimants’ dates of birth, with older Claimants given priority over younger

Claimants.

Claim Form—Part 3B: Litigation

Complete this section **only** if litigation was filed against Shook & Fletcher Insulation Co, or any other Protected Party.

1. Provide the State and court where the lawsuit was filed along with the case or docket number and original date of filing for the lawsuit. If the lawsuit resulted in a settlement, judgment, verdict, or dismissal, please provide the applicable information
2. If the suit was dismissed, provide proof of dismissal

Claim Form—Part 4: Occupational Exposure

Part 4 must be completed if you are claiming the injured party's asbestos-related disease is a direct result of his/her occupational asbestos exposure.

Exposure Evidence

Pursuant to CRP Section 5.6(b)(2), The Trust Claimant must present credible evidence that such Trust Claimant's Shook & Fletcher Exposure occurred on or before December 31, 1985. For purposes of this CRP, "**Shook & Fletcher Exposure**" means exposure to asbestos or asbestos-containing products (i) distributed, sold, installed, stored, transported, removed or otherwise handled by Shook & Fletcher, or (ii) as a result of services, actions or operations, including services, actions or operations provided, completed or taken by Shook & Fletcher in connection with asbestos or asbestos-containing products or (iii) caused or allegedly caused by asbestos or asbestos-containing products, services, actions or operations for which Shook & Fletcher may otherwise be liable under applicable law. The Trust shall consider the meaningful and credible evidence presented by the Trust Claimant, including an adequate affidavit of the Trust Claimant, an affidavit of a co-worker or the affidavit of a family member in the case of a deceased claimant (providing the Trust finds such evidence reasonably reliable), invoices, employment, construction or similar records, or other credible evidence. The Trust may also require submission of other or additional evidence of exposure when it deems such to be necessary.

4.1 Shook & Fletcher Exposure- Every claimant must submit evidence of exposure to Shook & Fletcher asbestos products or activities.

For each employment site, product, and occupation upon which you rely to meet the exposure requirements of the CRP, provide the following:

Choose the appropriate code from the work site list (the acceptable Worksite List codes are available on CRMC's website (www.claimsres.com), or use code #583 Not Qualified to indicate an

exposure site that is not on the approved list. Provide the dates of exposure and occupation code using the occupation list at the end of the claim form. If the injured party's occupation is not an exact match to an occupation on the occupations list, use "Occupation Code 126, Other" and use the "Comment" field to provide the specific occupation.

Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the CRP.

4.2 Cumulative Occupational Exposure (For Level 1 Non-Malignant Claims)

If the exposure information provided above is not sufficient to meet the 5 years cumulative occupational exposure requirement for a Level 1, non-malignant asbestos-related disease claim, and that is the claimed disease, provide additional occupational exposure information.

Claim Form – Part 5: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON (DERIVATIVE CLAIM)

Section 5.4 of the CRP states:

Secondary Exposure Claims. If a Trust Claimant alleges a Trust Claim resulting solely from exposure to an occupationally-exposed person, such as a family member, the Trust Claimant shall elect Individual Review by the Trust and pay the IR Fee pursuant to Section 5.2(f) above and, in such a case, the Trust Claimant must establish that the occupationally exposed person would have met the exposure requirements under this CRP that would have been applicable had that person filed a direct claim against the Trust. In addition, the derivative Trust Claimant must establish that he or she is suffering from one of the four Disease Categories described in Section 5.2(e) above or an asbestos-related disease otherwise valid and cognizable in the tort system, that his or her own exposure to the occupationally exposed person occurred within the same time frame as the occupationally exposed person experienced Shook & Fletcher Exposure, and that such Shook & Fletcher Exposure was a cause of the claimed disease.

If the injured party claims direct occupational exposure in addition to secondary exposure, the claimant must complete Part 4 and Part 5.

In Part 5, complete the following:

5.1 Injured Party's Exposure Through OEP:

- Provide the total number of years that the Injured Party was regularly exposed to asbestos through the OEP identified in 5.2.

- Describe the Injured Party's asbestos exposure through the OEP that is alleged to be the cause of the Injured Party's asbestos-related disease.

5.2 OEP's Debtor Asbestos Exposure: [For each additional exposure period, copy and attach the additional completed information in 5.2. Attach work history for the OEP to establish meaningful and credible Shook & Fletcher exposure, plus Cumulative Occupational Exposure to asbestos, as applicable.

5.3 OEP's Cumulative Occupational Exposure: For Non-Malignant Asbestos Related Disease (Level I) Claims.

Claim Form – Part 6: Certification

- Check the box identifying the person who is certifying the Claim Form
- Sign and print name
- Attach a check payable to the Shook & Fletcher Asbestos Settlement Trust

Filing Deadlines:

To be eligible for a place in the FIFO Processing Queue, a CRP Valued Asbestos Claim must be filed with the Trust within three (3) years after the date of the diagnoses, or within four (4) years after the Effective Date, whichever occurs later, irrespective of the application of any relevant federal, state or foreign statute of limitation or repose; provided, however, that nothing in this Section 5.2(b) shall be construed as tolling any applicable statute of limitation or repose in respect of any claim that had run prior to the Petition Date. However, the running of the relevant statute of limitation shall be tolled as of the earliest of (A) the actual filing of the claim against Shook & Fletcher prior to the Petition Date, whether in the tort system or by submission of the claim to Shook & Fletcher or CCR pursuant to a written settlement agreement; (B) the filing of the claim against another defendant in the tort system prior to the Petition Date if the claim was tolled against Shook & Fletcher or CCR at the time by an agreement or otherwise; (C) the filing of a claim after the Petition Date but prior to the Effective Date against another defendant in the tort system; (D) the filing of a proof of claim in the Chapter 11 Case prior to the Effective Date; or (E) the filing of a proof of claim with the requisite supporting documentation with the Trust after the Effective Date.

Scheduled, Average and Maximum Values:

The Scheduled, Average and Maximum Values for claims involving Disease Levels I-IV shall be as follows:

Scheduled Disease	Location of Exposure: Mississippi or Alabama	Location of Exposure: Georgia, Louisiana or Texas	Location of Exposure: Any other Location
Mesothelioma (Level IV)	\$22,000	\$10,000	\$10,000
Lung Cancer (Level II)	\$6,000	\$2,700	\$1,800
Other Cancer (Level II)	\$2,500	\$1,500	\$1,000
Non-Malignant Asbestos Disease (Level I)	\$1,700	\$1,200	\$1,000

Payments:

All payments made by the Trust on account of PI Trust Claims shall be subject to the applicable Payment Percentage.

Releases:

A Release will be generated and sent when an offer is made. The Trust requires return of the individual executed Release, either by mail or by electronic submission. For electronic filers, generate the release on the offer status page after accepting the offer. Upload the executed release to eClaims.