

Shook & Fletcher Asbestos Settlement Trust

CLAIM FORM

Submit Completed Claims to:

Shook & Fletcher Asbestos Settlement Trust
c/o 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: _____

For additional information, please refer to the Instructions for Filing a Claim with the Shook & Fletcher Asbestos Settlement Trust and the Shook & Fletcher Asbestos Settlement Trust Claim Review Procedures (the “CRP”).

PART 1: INJURED PARTY INFORMATION - MANDATORY

Injured Party information

Name: _____
 First Middle Last Jr. / Sr.

Social Security Number: _____ - _____ - _____ OR International Id: _____

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

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

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: _____

Relationship to Injured Party: ___ Administrator ___ Relative Other _____

PART 2: LAW FIRM/ATTORNEY INFORMATION

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

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: DIAGNOSED DISEASES

Disease Part 3: Diagnosed Disease Claimed:

Check the box indicating the highest disease level for which the Injured Party has been diagnosed. Attach medical evidence to support the claim. Provide the date of first diagnosis for the disease claimed. **See Instructions for Filing a Claim with the Shook & Fletcher Asbestos Settlement Trust for the applicable medical evidence required for each disease.**

- Non-Malignant Asbestos-Related-Disease (Level I)**
- Other Cancer (Level II)**
- Lung Cancer (Level III)**
- Mesothelioma (Level IV)**

First Diagnosis Date

____ / ____ / ____ / ____
MM DD YYYY

PART 3B. LITIGATION

Please enter this information if litigation was filed against Shook & Fletcher Insulation Co, or any other Protected Party.

1. Has an asbestos-related lawsuit ever been filed against Shook & Fletcher Insulation Co on behalf of the injured party? Yes _____ No _____
- a. State in which the suit was filed: _____
- b. Name of court in which the suit was originally filed: _____
- c. Case number: _____
- d. Date the suit was originally filed: ____/____/____
(MM) (DD) (YYYY)
- e. Was the suit dismissed against a protected party?¹ Yes _____ No _____
- f. If yes, date dismissed. ____/____/____
(MM) (DD) (YYYY)

NOTE: If the suit was dismissed, please submit proof of dismissal with this claim form.

¹ “Protected Party” is defined in that certain Second Amended Glossary of the Terms for the Plan of Reorganization under Chapter 11 of the United States Bankruptcy Code for Shook & Fletcher Insulation Co. (the “Glossary”) as “any of the following parties: (a) the Debtor, Reorganized Shook & Fletcher, Shook & Fletcher Supply, the Asbestos Claimants Committee, Claimants’ Counsel, the Futures Representative, and the TAC, and any of their present, former and post-Confirmation Date Affiliates, officers, directors, shareholders, agents, employees, members, representatives, advisors, financial advisors, accountants and attorneys; (b) the Trust, and any of its trustees, officers, directors, agents, employees, representatives, advisors, financial advisors, accountants and attorneys; (c) the Pre-Petition Trust, and any of its trustees, officers, directors, agents, employees, representatives, advisors, financial advisors, accountants, and attorneys; (d) any Entity that, pursuant to the Plan or after the Confirmation Date, becomes a direct or indirect transferee of, or successor to, Reorganized Shook & Fletcher; and (e) each Settling Asbestos Insurance Company.” Any capitalized but undefined term used in the preceding sentence is defined in the Glossary. Copies of the Glossary are available from the Trust upon written request.

PART 4: OCCUPATIONAL EXPOSURE

If claim is for Secondary Exposure (Derivative Claim), *DO NOT* complete Part 4, proceed to Part 5.

See the CRP for exposure evidence necessary to meet the requirements for a valid and compensable claim.

Pursuant to CRP Section 5.6(b)(2), claimants must demonstrate meaningful and credible exposure, which occurred prior to December 31, 1985, 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 provided, completed 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 (provided the Trust finds such evidence reasonably reliable), invoices, employment, construction or similar records, or other credible evidence.

Please photocopy this section and list separately each worksite, and occupation combination upon which you rely to meet the exposure requirements of the CRP.

4.1 Shook & Fletcher Asbestos Exposure. Every Injured Party exposed at a site not on the approved site list (Worksite code #583, Not Qualified) must submit evidence of Shook & Fletcher Exposure.

From: _____
MM YYYY

To: _____
MM YYYY

Occupation Code: _____

If the injured party's occupation is not an exact match to an occupation on the occupations list, use "Occupation Code 41. Other" and use the "Comment" field to provide the specific occupation.

Comment: _____

Worksite List Code: _____ (The acceptable Worksite List codes are available on CRMC's website (www.claimsres.com); use code #583 Not Qualified to indicate an exposure site that is not on the approved list.)

If the site/plant is not on the acceptable Worksite List, complete the following:

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the CRP as described in 4.1 above.

4.2. If the exposure information provided in 4.1 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 below.

From: _____
MM YYYY

To: _____
MM YYYY

Occupation Code: _____

If the injured party's occupation is not an exact match to an occupation on the occupation list, use "Occupation Code 41. Other" and use the "Comment" field to provide the specific occupation.

Comment: _____

Worksite List Code: _____ (Please use NS for Not Shook & Fletcher asbestos exposure.)

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

PART 5: EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON (DERIVATIVE CLAIM)

Complete this part **only** if the Injured Party’s asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person (“OEP”)². Shook & Fletcher Asbestos Exposure. Every claimant exposed at a site not on the approved site list (Worksite code #583, Not Qualified) must submit evidence of Shook & Fletcher Exposure.

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

5.1 Injured Party’s Exposure Through OEP: Shook & Fletcher Asbestos Exposure. Every Injured Party exposed at a site not on the approved site list (Worksite code #583, Not Qualified) must submit evidence of Shook & Fletcher Exposure.

The Injured Party had asbestos exposure on a regular basis through the OEP identified in 5.2 below

From: _____ To: _____
MM YYYY MM YYYY

Injured Party’s Relationship to OEP: _____

5.2 OEP’s Shook & Fletcher 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: _____

If the injured party’s occupation is not an exact match to an occupation on the occupations list, use “Occupation Code 41, Other” and use the “Comment” field to provide the specific occupation.

Comment: _____

Worksite List Code: _____ (The acceptable Worksite List codes are available on CRMC’s website (www.claimsres.com); use code #583 Not Qualified to indicate an exposure site that is not on the approved list.)

² If the Injured Party claims direct occupational exposure to asbestos as well as exposure to an OEP, complete Part 4: OCCUPATIONAL EXPOSURE and Part 5: EXPOSURE THROUGH OCCUPATIONALLY EXPOSED PERSON.
SHK Claim form

If the site/plant is not on the approved Worksite List, complete the following:

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

Attach all documents necessary to meet the meaningful and credible evidence of exposure requirements of the CRP as described in 5 above.

5.3. If the exposure information provided in 5.2 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 below.

Injured Party's Exposure Through OEP:

The Injured Party had asbestos exposure on a regular basis through the OEP identified in 5.2 below

From: _____ To: _____
MM YYYY MM YYYY

Injured Party's Relationship to OEP: _____

From: _____ To: _____
MM YYYY MM YYYY

Occupation Code: _____

If the injured party's occupation is not an exact match to an occupation on the occupation list, use "Occupation Code 41. Other" and use the "Comment" field to provide the specific occupation.

Comment: _____

Worksite List Code: _____ (Please use NS for Not Shook & Fletcher asbestos exposure.)

Name of Site/Plant of Exposure: _____

City: _____

State/Province: _____

Country: _____

Occupation Codes

198	2nd Helper	228	Brick Layer
77	Abatement Worker	97	Burner
78	Acoustical Worker	232	Burner Helper
1	Air Cond & heat install/maintenance	61	Butcher/Meatcutter
199	Aluminum Worker	234	ByProducts Operator
3	Asbestos miner/plant worker	51	Bystander (Including Family Members)
4	Asbestos Removal Worker	235	Cable Puller
80	Asbestos Worker	236	Cable Splicer
202	Ash Handler	237	Car Loader
203	Ash Puller	98	Carpenter
204	Assembler	15	Carpenter/woodworker/cabinetman
205	Assembler and Installer of Brakes	101	Cement Finisher
207	Assembly Line Worker	240	Cement Mason
208	Auto mechanic/bodywork	241	Chemical Operator
391	Automotive Employee	242	Chemical Worker
210	Bagger	243	Chemist
60	Baker	55	Chipper
212	Bale Press Operator	17	Clerical/office worker
213	Baler	191	Coke Worker
403	Banbury Worker	246	Compound Mixer
407	Battery Worker	104	Concrete Laborer
81	Beamer	67	Construction Laborer
214	Beaterman	108	Construction Worker
215	Bldg. maintenance, bldg. engineer	247	Core Room Operator
216	Bldg. occupant, office worker, clerical, professional	248	Core Setter
217	Blender	111	Crane Operator
83	Boiler Inspector	251	Crusher
84	Boiler Insulator	252	Crusher Operator
226	Boiler Manufacturing Plant Worker	18	Custodian/janitor
218	Boiler Mechanic Helper	253	Cutter
85	Boiler Operator	112	Demolition Worker
86	Boiler Repairer	254	Design Engineer
219	Boiler Supervisor	255	Die Cast Operator
220	Boiler Technician	256	Doff Crew
87	Boiler Tender	257	Draw Twist
221	Boiler Tester	258	Drill Repairman
222	Boiler Washer	259	Driller
88	Boiler Worker	393	Driver
9	Boiler Worker, Repair	260	Dry Cleaner
89	Boilermaker	261	Dryer Foreman
224	Boilermaker Helper	263	Dryer Operations
90	Boilerman	113	Drywall Applicator
227	Brake and Clutch Repairman	262	Drywall Installer-Commercial Building Trades
229	Brake Line, Shoe Installer, Repairman	114	Drywall Taper
12	Brake Maker	264	Electrical Engineer
230	Brake Mechanic	116	Electrician Helper
231	Brake Worker	19	Electrician/Electrical Worker

267	Engine Maintenance Man	302	Lathe Operator
269	Engine Room Mechanic	137	Lather
271	Engine Room Wiper	303	Lap Operator
272	Engine Room Worker	305	Leadman
71	Engineer (non-railroad)	306	Loader
20	Engineer (chemical, mech. etc.)	53	Longshoreman
268	Engineman	64	Machine Operator
118	Erector	26	Machinist
273	Fabricator	307	Maintenance
5	Factory Worker (Assembly line - nonasb)	308	Maintenance Electrician
59	Factory Worker (Not Assembly-Line)	309	Maintenance Foreman
21	Firefighter	310	Maintenance Man
278	Floor Tile and Linoleum Layer	140	Maintenance Mechanic
280	Forger	311	Maintenance Supervisor
281	Forklift Operator	10	Maintenance Worker
282	Foundry Worker	141	Mason
381	Furnace Helper	142	Mason Tender
192	Furnace Operator	312	Materials Scheduler
283	Furnace Repairman	6	Mechanic
22	Furnace worker/repair/install	314	Mechanic Craftsman
284	Galvinizer	313	Mechanic Repairman
285	Gauger	315	Metal Cleaner
286	General Foreman	316	Metal Lather
52	Glass worker	317	Mill Operator
56	Grinder	27	Millwright
57	Hazardous Materials Remover	318	Mixer
194	Heat Treater	319	Molder
62	Heat Treating Equipment Operator	143	Mortar Mixer
23	Heavy Equipment Operator	320	Nuclear Inspector
130	Hod Carrier	50	Office Worker
392	Home Remodeler/Renovator	321	Oil Field Worker
288	Hopper Loader	322	Oiler
289	Hor Nylon Worker	323	Operating Engineer
63	Hostler	326	Operator
290	Hull Department Supervisor	41	Other
292	Hull Maintenance Technician	327	Oven Operator
293	Inspector	329	Packer
294	Installer	28	Painter
295	Instrument Fitter	332	Piece Worker
296	Instrument Technician	146	Pipe Carrier
135	Insulation Worker	147	Pipe Coverer
2	Insulator	148	Pipe Cutter
195	Insulator Helper	149	Pipe Foreman
297	Insulator Helper/Apprentice	150	Pipe Grinder
298	Iron Pourer	151	Pipe Hanger
299	Iron Worker	152	Pipe Insulator
24	Joiner	153	Pipe Layer
300	Laboratory Technician	154	Pipe Racker
25	Laborer	155	Pipe Repairer
301	Laborer (const, demolition, shipyard)	156	Pipe Stripper
138	Lagger	157	Pipe Welder

334	Pipefitter Helper	165	Sheetmetal Worker
30	Pipefitter, Steamfitter, Plumber, Helper	39	Shipfitter
335	Plant Operator	74	Shipfitter / Shipwright
336	Plant Worker	38	Shipwright
160	Plasterer	65	Shipyards Laborer
31	Plasterer/Sheetrock Installer	365	Slagger
32	Plumber	366	Spinner of Asbestos Cloths
338	Poolman	367	Stationary Engineer
189	Potroom Worker	171	Steamfitter
190	Pourer	54	Steel Worker/foundry/alum.
344	Powerhouse Employee	368	Stevedore
345	Powerhouse Mechanic	394	Student/Apprentice
341	Production Worker	395	Technician
348	Puncher of Gaskets	409	Textile/Bleacher/Knitter
11	Railroad /brake/car/conductor/laborer	175	Tile Helper
352	Reactor Plant Worker	176	Tile Installer
353	Refinery Lab Tech	177	Tile Layer
354	Refinery Laborer	178	Tile Mechanic
355	Refinery Operator	180	Tile Worker
356	Refractory Insulator	390	Tire Worker
34	Rigger	372	Trouble Shooter
42	Roofer	373	Truck Driver
359	Roughneck	402	Utilities Worker
360	Roundhouse Worker	40	Warehouse worker
361	Roustabout/Utility Man	410	Warper
362	Runner	411	Weaver
363	Salesman	375	Weaver of Asbestos Fibers
35	Sandblaster	8	Welder
364	Saw Operator	377	Welder's Helper
72	Seaman - Engine Room or Submarine	412	Winder
73	Seaman - Other	376	Wiper
36	Seaman - Other than engine room	378	Wireman
408	Seamstress	413	Yarn/Quill Worker
37	Sheet metal worker		
164	Sheetmetal Mechanic		

PART 6 CERTIFICATION

The following certification must be executed before this Proof of Claim will be accepted or processed.

- Attorney
- Injured Party
- Personal Representative
-

I have reviewed the information submitted on this claim form and all documents submitted in support of this claim. Upon information and belief, under penalty of perjury, the information submitted is accurate and complete in all material respects.

Signature of the Injured Party, Attorney or Personal Representative

Printed Name

Date

Please remember to include a check for the filing fee(s). Each claim requires a filing fee of \$75.00. Additionally, if you are filing a derivative claim an additional \$100.00 fee is required. If the filing fees are not received the claim form will be returned to you.