

United States Mineral Products Company Asbestos Personal Injury Settlement Trust Claim Form

– Claim Form for Unliquidated Asbestos Personal Injury Claims –

General Instructions for Filing this Claim Form:

This Claim Form should be completed only by holders of Unliquidated Asbestos Personal Injury Claims seeking to liquidate their claims under the United States Mineral Products Company Asbestos Personal Injury Settlement Trust's (USM) Expedited Review Process, as set forth in Section 5.3(a) or (b) of the United States Mineral Products Company Asbestos Personal Injury Settlement (USM) Trust Distribution Procedures (the "TDP", which may be amended from time to time).¹

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; *submitting an incomplete form may result in delays in processing and/or the United States Mineral Products Company Asbestos Personal Injury Settlement Trust (the "Trust") not being able to assign the claim a position in the FIFO Processing Queue.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

Check the box next to the review election which best suits the injured party's situation:

Expedited

If requesting exigent treatment, check here: Exigent Hardship

Section 1: Injured Party Information				
Last name	First name	Middle Name	Suffix	
Social Security Number or Foreign Tax ID	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm/dd/yyyy) (if applicable)	Was death asbestos related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if not represented by counsel)				
City	State	Zip	Country	
Daytime Telephone	Email Address	Law Firm's Matter Number for this Claim		

¹ Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP. To the extent anything within this claim form conflicts with the TDP, the TDP controls.

Section 2: Law Firm / Attorney Information

If represented by counsel, please provide the following information.

Law Firm Name			
Mailing Address			
City		State	Zip Code
Attorney Last Name	Attorney First Name	Attorney Middle Name	Attorney Suffix
Direct Telephone	Facsimile	E-mail Address	

Section 3: Asbestos Related Injury

Check the box next to the highest Disease Level the injured party is claiming.

Disease Level	
<input type="checkbox"/> Asbestosis/Pleural Disease (Level I Other Asbestos Disease)	
<input type="checkbox"/> Other Cancer (Level 1 Other Asbestos Disease)	
<input type="checkbox"/> Lung Cancer (Level II)	
<input type="checkbox"/> Mesothelioma (Level III)	
Diagnosis Date (mm/dd/yy)	If Other Cancer, please specify malignancy:

Section 4: Personal Representative (if applicable)

Last Name	First Name	Middle Name	Suffix
Social Security Number (optional)	Capacity of Personal Representative (e.g., Administrator, Executor, Guardian)		
Mailing Address		Email Address	
City	State	Zip	Daytime Telephone

Section 5: Asbestos Litigation and Claims History

Filing Date of lawsuit (mm/dd/yyyy)	State (if applicable)	Court (if applicable)	Docket Number (if applicable)	
Was USM named as defendant (if a lawsuit was filed)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this lawsuit or administrative claim from USM or its insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, amount:		Date of Payment (mm/dd/yyyy)
		\$		
Jurisdiction Selection				
If no lawsuit has ever been filed against USM on behalf of the injured party, indicate the state elected as the Claimant's Jurisdiction: _____ injured party, indicate the state elected as the Claimant'				
Jurisdiction elected is (please check one of the following):				
<input type="checkbox"/> The state in which the injured party resided at the time of diagnosis. <input type="checkbox"/> The state in which the injured party resides when this claim is filed with the Trust. <input type="checkbox"/> A state in which the injured party experienced exposure to an asbestos-containing product or to conduct for which USM has legal responsibility.				
Was the injured party or claimant a party to a tolling agreement with USM? <input type="checkbox"/> Yes <input type="checkbox"/> No				
any, If Yes, provide the beginning and ending dates of the tolling and attach documentation of the agreement.				
Beginning date (mm/dd/yyyy):				
Beginning date (mm/dd/yyyy):				
Ending date (mm/dd/yyyy):				

Section 6: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by USM, for which USM has legal responsibility (attach as many copies of this page as necessary). If the duration of the injured party's USM Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure or cumulative occupational exposure as required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. (See Section 5.7(b) of the TDP for more detailed descriptions of the Exposure requirements). List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required. Meaningful and credible evidence of exposure may be established by documentation including, but not limited to, the following:

- An affidavit or sworn statement of the injured party
- An affidavit or sworn statement of a co-worker
- An affidavit or sworn statement of a family member in the case of a deceased injured party
- Invoices, employment, construction or similar records
- Interrogatory answers, sworn work history, or deposition testimony by the injured party, a co-worker, or a family member (if the injured party is deceased)

Note: If the claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, Section 6 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Section 6 must also be completed for that exposure.

Date Exposure Began (mm/dd/yyyy)	Date Exposure Ended (mm/dd/yyyy)	Occupation		
Site of Exposure (plant or site name)		City	State	Country
Industry in which exposure occurred				
Names of all asbestos-containing products or materials to which injured party was exposed and for which injured party alleges USM is legally responsible:				
Description of Significant Occupational Exposure at this jobsite (check all that apply)				
<input type="checkbox"/> Injured party (or, occupationally exposed person if this is a Secondary Exposure claim) handled raw asbestos fibers on a regular basis.				
<input type="checkbox"/> Injured party (or, occupationally exposed person if this is a Secondary Exposure claim) fabricated asbestos-containing products so that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers.				
<input type="checkbox"/> Injured party (or, occupationally exposed person if this is a Secondary Exposure claim) altered, repaired, or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers.				
<input type="checkbox"/> Injured party (or, occupationally exposed person if this is a Secondary Exposure claim) was employed in an industry and occupation such that the injured party worked on a regular basis in close proximity to workers engaged in one or more of the above three activities.				
If this is a Secondary Exposure claim, please enter the name of the Occupationally Exposed Person and complete Section 7:				
Name: _____				

Section 7: Secondary Exposure (if applicable)

If the injured party's USM Exposure was solely due to exposure to an occupationally exposed person (OEP), complete Section 6, Part 1 with the exposure information for the OEP and provide the information below. If the injured party was exposed to multiple OEPs, attach additional copies of this page for each such OEP.

Date Exposure to OEP Began (mm/dd/yyyy)	Date Exposure to OEP Ended (mm/dd/yyyy)	Relationship to OEP	OEP Date of Death (mm/dd/yyyy)
Description of how injured party was exposed through the OEP to asbestos-containing products manufactured, produced or distributed by USM, or to conduct that exposed the injured party to asbestos or an asbestos-containing product, for which USM has legal responsibility.			

Section 8: Certification and Signature

This claim form must be signed by an attorney or, if the injured party is not represented by an attorney, the injured party or the injured party's personal representative.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify under penalty of perjury, that the information submitted is accurate.

Signature of Injured Party, Personal Representative, or Attorney	Date Signed (mm/dd/yyyy)
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Print Name Here

Signatory's Relationship to Injured Party

Section 9: Checklist of Supporting Documentation

Please attach the following supporting documentation to the completed claim form.

For all claimants:

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).**
- Proof of USM Exposure, as set forth in the filing instructions and required by the TDP.**

For deceased injured parties:

- Death Certificate.**
- Letters of Administrations or other proof of the personal representative's official capacity, if applicable pursuant to state law.**

To file by mail, send this completed form and all supporting documentation to:

United States Mineral Products Company Asbestos PI Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton NJ 08540