

# APG Asbestos Trust

## – Claim Form for Unliquidated APG Asbestos Trust Claims –

### General Instructions for filing this Claim Form:

This Claim Form should be completed only by holders of Unliquidated APG Asbestos Trust Claims seeking to liquidate their claim under the APG Asbestos Trust (the “Trust”) Expedited Review or Individual Review processes as set forth in Section 5.3(a) or (b) of the APG Asbestos Trust Distribution Procedures (the “TDP”), as such may be amended.<sup>1</sup>

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 Trust not being able to assign the claim a position in the first-in-first-out (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.

**If the claimant is a holder of a Paid USG/A.P. Green Claim, as defined in Section 5.3 of the TDP, and is seeking Expedited Review, the claimant is required to complete only Sections 1 through 7, 13 and 14.**

Section 1: Review of Claim
<p>Check the box next to the review election which best suits the injured party's situation:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Expedited (not available for Level V (Lung Cancer 2) claims, Foreign Claims, Extraordinary Claims or Exigent Hardship Claims)  <input type="checkbox"/> Individual  <input type="checkbox"/> Paid USG/A.P. Green Claim                 </p>
<p>Please check any of the following that apply to the claim:</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Secondary Exposure                        <input type="checkbox"/> Foreign                        <input type="checkbox"/> Exigent                        <input type="checkbox"/> Extraordinary Claim                 </p>

Section 2: Injured Party Information				
Last Name	First Name	Middle Name	Suffix	
Social Security Number or International ID Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm/dd/yyyy) (if deceased)	Was death asbestos related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if not represented by counsel)				
City	State	Zip	Daytime Telephone	

<sup>1</sup> Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

**Section 3: Law Firm / Attorney Information**

*If represented by counsel, please provide the following information:*

Law Firm Name		EIN
Mailing Address		
City		State
		Zip Code
Attorney Last Name	Attorney First Name	Direct Telephone
Para/Admin Last Name	Para/Admin First Name	Direct Telephone
E-mail		Facsimile

**Section 4: Personal Representative (if applicable)**

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

**Certificate of Official Capacity or other estate documentation must be enclosed if available.**

**If no Certificate of Official Capacity or other estate documentation is available per state law, attorney must provide official representative certification by signing below:**

*Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.*

Signature of Attorney: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Section 5: 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 Cancer (Level IV)  <input type="checkbox"/> Colorectal <input type="checkbox"/> Laryngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Stomach	<input type="checkbox"/> Lung Cancer 2 (Level V)
<input type="checkbox"/> Asbestosis/Pleural Disease (Level II)		<input type="checkbox"/> Lung Cancer 1 (Level VI)
<input type="checkbox"/> Severe Asbestosis (Level III)		<input type="checkbox"/> Mesothelioma (Level VII)
Date of Diagnosis (mm/dd/yyyy):		
<input type="checkbox"/> Please check this box if the injured party filed a claim against an APG Entity or any other defendant in the tort system prior to the Petition Date (February 12, 2002) and has available a report of a diagnosing physician engaged by the injured party or his or her law firm who conducted a physical examination of the holder as described in Section 5.7(a)(1)(A) of the TDP, or if the injured party has filed such medical evidence and/or diagnosis of the asbestos-related disease by a physician not engaged by the injured party or his or her law firm who conducted a physical examination with another asbestos personal injury settlement trust that requires such evidence, without regard to whether the claimant or the law firm engaged the diagnosing physician.  <i>Such medical evidence must be provided to the Trust (except for Paid USG/A.P. Green Claims under Section 7).</i>		

**Section 6: Asbestos Litigation History**

1. Has an asbestos-related lawsuit ever been filed on behalf of the injured party?

Yes  No

If yes, please provide the following information:

1a. Was an APG Entity named as defendant?  Yes  No

1b. Lawsuit Filing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

1c. State: \_\_\_\_\_

1d. Court: \_\_\_\_\_

1e. Case Number: \_\_\_\_\_

1f. Has the injured party ever received money from an APG Entity or its insurers regarding this suit?  Yes  No

If yes, amount: \$ \_\_\_\_\_

1g. Did the injured party sign a release releasing an APG Entity regarding this suit?  Yes  No

If yes, please provide a copy of the release.

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

If yes, provide the name(s) of the party(ies) against whom the judgment was entered (or provide a copy of the judgment):

\_\_\_\_\_

3. If the answer to question 1 above is No, in which state/jurisdiction would the claim qualify to be evaluated pursuant to Section 5.3(b)(3) of the TDP: \_\_\_\_\_

(State/Jurisdiction)

Jurisdiction elected is (please check one of the following):

The state/jurisdiction in which the injured party was domiciled at the time of the diagnosis.

The state/jurisdiction in which the injured party was domiciled at the time of filing this claim form.

A state/jurisdiction in which the injured party was exposed to an asbestos-containing product for which an APG Entity has legal responsibility.

4. Has a claim on behalf of the injured party ever been submitted to APG pursuant to an administrative settlement agreement?  Yes  No

If yes, provide the date of such submission (mm/dd/yyyy): \_\_\_\_\_

5. Was the injured party or claimant a party to a tolling agreement with APG?  Yes  No

If yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement.

Beginning date (mm/dd/yyyy): \_\_\_\_\_ Ending date (mm/dd/yyyy): \_\_\_\_\_

6. Was the injured party or claimant a holder of a Pre-Petition Liquidated Claim against APG which the injured party or claimant has elected to abandon and instead file a claim with the Trust to be liquidated under Section 5.3 of the TDP?

Yes  No

**Section 7: Paid USG/A.P. Green Claims (if applicable)**

If the claimant is a holder of a Paid USG/A.P. Green Claim, as defined in Section 5.3 of the TDP, upon completion of this Section 7 and submission of the required supporting documentation identified below, the claimant need not complete Sections 8–12 of this claim form. The Trust will contact you if additional information is required to process the claim.

**Required Documentation: The claimant must provide confirmation that the claimant is a holder of a Paid USG/A.P. Green Claim.**

Is the claimant a holder of a Paid USG/A.P. Green Claim?

Yes     No

If yes:

Enclosed (or previously submitted) is confirmation that the claimant is a holder of a Paid USG/A.P. Green Claim.

For Medicare Reporting Purposes, was the injured party exposed after December 5, 1980 to asbestos-containing products and/or conduct for which the injured party alleges an APG Entity has legal responsibility?

Yes     No

**Section 8: Occupational Exposure to Asbestos Products**

Provide information below for each location at which the injured party alleges exposure to asbestos-containing products and/or conduct for which an APG Entity has legal responsibility. If the duration of the injured party's APG 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. 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 8 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Section 8 must also be completed for that exposure.

**Part 1: Exposure**

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation		
Was the injured party exposed after December 5, 1980 to asbestos-containing products and/or conduct for which the injured party alleges an APG Entity has legal responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Site of Exposure (plant or site name)		City	State	Country
Industry in which exposure occurred				
Names of all asbestos-containing products to which the injured party was exposed and for which the claimant alleges an APG Entity has legal responsibility:				
Description of Exposure:				
Significant Occupational Exposure. The occupationally exposed person was employed for a cumulative period of at least five years, with a minimum of two years prior to December 31, 1982, in an industry and occupation in which:				
<input type="checkbox"/> The occupationally exposed person handled raw asbestos fibers on a regular basis <input type="checkbox"/> The occupationally exposed person fabricated asbestos-containing products so that the occupationally exposed person in the fabrication process was exposed on a regular basis to raw asbestos fibers <input type="checkbox"/> The occupationally exposed person altered, repaired, or otherwise worked with an asbestos-containing product such that the occupationally exposed person was exposed on a regular basis to asbestos fibers <input type="checkbox"/> The occupationally exposed person was employed in an industry and occupation such that the occupationally exposed person worked on a regular basis in close proximity to workers engaged in one or more of the above three activities				
If the claimant alleges secondary exposure, please enter the name of the occupationally exposed individual to whom the injured party was exposed:  Name: _____				

**Part 2: Additional Exposure Questions**

Did the injured party's exposure to an asbestos-containing product for which an APG Entity has legal responsibility occur outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada?

Yes  No

If yes, answer questions A and B below.

A. If the injured party's exposure to an asbestos-containing product for which an APG Entity has legal responsibility occurred outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada, identify all countries in which the claimant alleges the injured party was exposed:

B. If the injured party's exposure to an asbestos-containing product for which an APG Entity has legal responsibility occurred outside of the United States and its Territories and Possessions, and outside of the Provinces and Territories of Canada, specify the amount of compensation received, or rights to compensation released, by the injured party or claimant with respect to the injured party's asbestos-related disease. Please include any settlements, judgments, verdicts, or statutory or other legal entitlements obtained by or on behalf of the injured party:

Pursuant to Sections 5.3 and 6.2 of the TDP, the Trust may require additional information regarding your Foreign Claim and shall take into account all relevant procedural and substantive legal rules to which the claim would be subject in the Claimant's Jurisdiction, as defined in Section 5.3(b)(3) of the TDP.

If the injured party is filing an Extraordinary Claim, provide a clear and concise declaration of how the claim satisfies Section 5.4(a) of the TDP. Please attach additional documents, if necessary:

**Section 9: Secondary Exposure (required only for Claims based on Secondary Exposure)**

If the injured party's asbestos exposure was based solely on exposure to an occupationally exposed person (OEP), complete Section 8 for the OEP and provide the information below:

OEP's Relationship to Injured Party (e.g., spouse, father, brother):		
Date Injured Party's Exposure to OEP Began (mm/dd/yyyy)	Date Injured Party's Exposure to OEP Ended (mm/dd/yyyy)	Social Security Number of OEP
Describe how the injured party was exposed through the OEP to asbestos-containing product and/or conduct for which the claimant alleges an APG Entity has legal responsibility:		

**Section 10: Smoking History (required only for Individual Review Claims for Lung Cancer 1 (Level VI) and Lung Cancer 2 (Level V)).**

In the chart below, indicate each period during which the injured party smoked tobacco products and the average number of said products smoked per day.

Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Pipes <input type="checkbox"/> Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Pipes <input type="checkbox"/> Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Pipes <input type="checkbox"/> Cigars	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day

**Section 11: Employment / Earnings Information (required only for claims for lost wages or Exigent Hardship Claims based on lost wages)**

If economic losses are being claimed, please enclose an economic loss report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

Current Employment Status (check all that apply)		
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired
<input type="checkbox"/> Partially Disabled	<input type="checkbox"/> Fully Disabled	<input type="checkbox"/> N/A (deceased)
Amount of last annual wages	Date of last wages received (mm/dd/yyyy)	

Economic Loss (Check all that apply)		
<input type="checkbox"/> Pension	<input type="checkbox"/> Social Security	<input type="checkbox"/> Household Exposure
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Funeral Expenses	

**Section 12: Dependents (NOT REQUIRED FOR EXPEDITED REVIEW)**

List any other person who may have rights associated with this claim. Be sure to include the injured party's spouse and/or any other financial dependents who derive (or who derived at the time of diagnosis of the asbestos-related disease claimed) at least one-half of their financial support from the injured party.

**Dependent 1**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 2**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 3**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Dependent 4**

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 13: Certification and Signature**

***This claim form must be signed by an attorney or by the claimant if not represented by an attorney.***

If signed by the claimant, I (the claimant) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge, under penalty of perjury, the information submitted is accurate and complete.

If signed by the claimant's counsel, I (counsel to the claimant) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

Signature of Claimant or Claimant's Attorney	Date (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	

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

APG Asbestos Trust  
c/o Verus, LLC  
3967 Princeton Pike  
Princeton, NJ 08540  
Phone: (888) 681-1129  
Email: trustsupport@verusllc.com.

## Section 14: Checklist of Supporting Documentation

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

*For all claimants except Paid USG/A.P. Green Claims, as set forth in the filing instructions and required by the TDP:*

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).
- Proof of APG Exposure and Significant Occupational Exposure, if applicable.

*Other supporting documentation, as applicable:*

- Certificate of Official Capacity or other estate documentation must be enclosed if available per state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.
- Copy of tolling agreement (if applicable under Section 6).

*For Paid USG/A.P. Green Claim:*

- Confirmation that the claimant is a holder of a Paid USG/A.P. Green Claim.

*For deceased injured parties:*

- Death certificate.

*For claims for lost wages or Exigent Hardship Claims based upon lost wages:*

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the result of the injured party's asbestos-related disease. This documentation would include, but is not limited to, medical records and/or reports, reports from governmental or insurance agencies and/or reports from the injured party's most recent employer.
- If economic losses are being claimed, an economic loss report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.
- Other supporting documentation, as applicable.

*If you are filing an Individual Review claim and have additional information (see TDP section 5.3(b)) you would like the Trust to consider in evaluating your claim, please include any related documents or information with this Claim Form.*