

A&I Asbestos Trust Claim Form

General Instructions for filing the A&I Asbestos Trust Claim Form:

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; *submitting an incomplete form may result in denial of the claim or not assigning the claim a 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.

Section 1: Injured Party Information				Firm's Matter # for this claim:		
Last Name		First Name		Middle Name		Suffix
Social Security Number - -	Date of Birth (mm/dd/yyyy)	Gender Male Female		Date of Death (mm/dd/yyyy)	Was death proximately related to asbestos? Yes No	
Mailing Address (if not represented by counsel)						
City		State	ZIP Code		Daytime Telephone	
Section 2: Law Firm / Attorney Information						
Law Firm Name						Law Firm ID
Mailing Address						
City				State		ZIP Code
Attorney Last Name		Attorney First Name		Attorney Middle Name		Suffix
Direct Telephone		Facsimile		Email Address		
Section 3: Asbestos Related Injury						
Disease Level						
<i>Check the box next to the highest Disease Level the injured party is claiming</i>						
<input type="checkbox"/> Mesothelioma (Class I)		<input type="checkbox"/> Lung Cancer (Class II)		<input type="checkbox"/> Other Cancer (Level III)		
<input type="checkbox"/> Asbestosis (Class IV)			<input type="checkbox"/> Plueral Disease (Class V)			
Diagnosis Date (mm/dd/yyyy)		If Other Cancer (Level III), please specify malignancy:				

A&I Asbestos Trust Claim Form

Section 4: Personal Representative *(if injured party is deceased or incompetent)*

Last Name	First Name	Middle Name	Suffix
Social Security Number - -	Capacity of Personal Representative <i>(i.e. Administrator, Executor, Guardian, etc. Please attach certified copy of Appointment)</i>		
Mailing Address			
City	State	ZIP Code	Daytime Telephone

Section 5: Asbestos Litigation

If an asbestos-related lawsuit has ever been filed on behalf of the injured party, provide the following information:

File Date (mm/dd/yyyy)	State	Court
Docket Number		A&I Corporation Named? Yes No
Has injured party received settlement monies related to this lawsuit from the A&I Corporation or its insurers? <input type="checkbox"/> Yes No		If "yes", Amount:

A&I Asbestos Trust Claim Form

Section 6: Occupational Exposure to Asbestos Products

Provide the information below for each location at which claimant alleges exposure to asbestos. Please include detail for all asbestos exposure that you contend is sufficient to meet the A&I Exposure criteria for the approval of the claim at the claimed Disease Level. 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.*

Exposure Site 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 2

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 3

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

Exposure Site 4

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code	
Site of Exposure (i.e. Plant or Site Name)		City	State	Country
Name of all A&I Products to which injured party was exposed				
Describe the circumstances of asbestos exposure:				

A&I Asbestos Trust Claim Form

Section 7: Secondary Exposure

Date Exposure to Other Person Began (mm/dd/yyyy)	Date Exposure to Other Person Ended (mm/dd/yyyy)	Relationship to Occupationally Exposed Person
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Description of how claimant was exposed to A&I Entity Products:

Section 8: Certification and Signature

All Claim Forms must be signed before a notary public by the Injured Party and/or the person filing on behalf of the Injured Party, e.g., authorized representative.

I have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim. I intend that the information submitted on this Claim Form be considered as evidence of exposure to asbestos or asbestos-containing products for which A&I Corporation has legal responsibility. I declare under penalty of perjury under the laws of the State of West Virginia and the civil rules governing the Trust that, to the best of my knowledge and belief, all of the information submitted herein is accurate and complete and that I have not previously relinquished, assigned, or transferred my rights to such a claim against A&I Corporation or against the A&I Corporation Asbestos Bodily Injury Trust or any entitlement to any benefits from the Trust. I further certify that I have received no compensation or benefits otherwise inconsistent with the eligibility requirements of the Trust. I agree to defend and indemnify the Trust, the Trustee, the Trust administrators, and employees, agents, and/or representatives of the Trust from and against all statutory and/or subrogation liens associated with my receipt of any benefits from the Trust. Finally, I agree to abide by the terms of the Order that resulted in the creation of the A&I Corporation Asbestos Bodily Injury Trust and the terms of the Trust Distribution Procedures.

Signed _____	Date Signed _____
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Print Name Here

STATE OF _____

COUNTY OF _____, to-wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20__.

by _____.

My commission expires _____.

Notary Public

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

A&I Asbestos Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540

Section 9: Checklist of Supporting Documentation

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

For living and deceased claimants:

Medical records supporting the diagnosis of the claimed Disease Level (see Instructions for requirements)

- If no exposure occurred at an Approved Job Site, sufficient evidence of A&I product exposure.
- If a lawsuit has been filed, the face page of the relevant complaint, indicating the date filed, style, and
- jurisdiction, and a copy of any orders that reflect the final disposition of such lawsuit.

For deceased claimants only (in addition to the documents hereinabove):

Death certificate

- Certified copy of appointment as Administrator/Executor/Letters of Administration or other certified proof of
- personal representative's official capacity