



**Claim Form & Declaration - Attorney  
J T Thorpe Company Successor Trust**

**1.4 Special Claims Status**

If you believe your claim qualifies as an Extraordinary Claim and/or Exigent Hardship Claim (**see Attorney Instructions for Filing a Claim With the J T Thorpe Company Successor Trust for the definition of an Extraordinary Claim and Exigent Hardship Claim**), check the appropriate box(es) indicating this.

- Extraordinary Claim
- Exigent Hardship Claim

**Part 2: DIAGNOSED DISEASES**

**DISEASE CLAIMED**

Check only the box indicating the highest Disease Level claimed by the Injured Party for which there is attached medical evidence to support the claim. Provide the date of diagnosis for the disease claimed. **See Attorney Instructions for Filing a Claim With the J T Thorpe Company Successor Trust for the applicable medical evidence required for each disease.**

**Disease Level I**

**Date of Diagnosis**

- Asbestosis \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Pleural Disease \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Disease Level II**

- Asbestosis \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Pleural Disease \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Disease Level III**

- Severe Asbestosis \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Disease Level IV Other Cancer**

- Colorectal Cancer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Esophageal Cancer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Laryngeal Cancer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Pharyngeal Cancer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Stomach Cancer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**Disease Level V**

Lung Cancer 2 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Disease Level VI**

Lung Cancer 1 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If the Injured Party does not submit medical evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease (as that term is defined in Part 2: DIAGNOSED DISEASES of the Attorney Instructions for Filing A Claim With the J T Thorpe Company Successor Trust) in support of a Lung Cancer 1 (Disease Level VI) claim, you must check all applicable statements relating to the Injured Party:

The Injured Party never smoked.

The Injured Party has not smoked during any portion of the 12 years immediately prior to the diagnosis of the lung cancer.

**Disease Level VII**

Mesothelioma \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Part 3: STATUTE OF LIMITATIONS**

**If an asbestos-related lawsuit has been filed on behalf of the Injured Party, please provide the following:**

**3.1** In which state does the Injured Party currently reside? \_\_\_\_\_

If a lawsuit was ever filed on behalf of the Injured Party against J T Thorpe Company, provide the following:

**3.2** Where was the lawsuit filed? City \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_

**3.3** Date on which the lawsuit was originally filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**3.4** Provide the Docket or Cause Number of the lawsuit: \_\_\_\_\_

**3.5** What is the current status of this lawsuit? **(check one)**

- Pending                       Settled                       Dismissed without Prejudice \_\_\_\_/\_\_\_\_/\_\_\_\_
- Judgment                       Dismissed with Prejudice

**3.6** Does a tolling agreement apply?  Yes  No

If Yes, provide a copy of the tolling agreement.

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**3.7** Was a Proof of Claim filed in the J T Thorpe Chapter 11 Bankruptcy Case?  Yes  No

If Yes, provide a copy of the Proof of Claim.

**Part 4: OCCUPATIONAL EXPOSURE**

Part 4 of this Claim Form must be completed if the Injured Party claims that his/her asbestos-related disease is a direct result of his/her occupational asbestos exposure, as opposed to Derivative Exposure (exposure through some other person). If the Injured Party claims Derivative Exposure, that is, the Injured Party claims his/her asbestos-related disease is a direct result of his/her asbestos exposure through another person, complete Part 5: DERIVATIVE EXPOSURE: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON. **See Attorney Instructions for Filing a Claim With the J T Thorpe Company Successor Trust for the exposure evidence necessary to meet the requirements for a valid and compensable claim.**

**Exposure Period** *[For each additional exposure period, please copy this page and attach the completed information.]*

**4.1 J T Thorpe Asbestos Exposure**

Date J T Thorpe Exposure Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date J T Thorpe Exposure Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Jobsite: \_\_\_\_\_ City/Location: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

**4.2 Five (5) Year Cumulative Occupational Exposure** *[Please check all applicable statements.]*

- Handled raw asbestos fibers on a regular basis;
- Fabricated asbestos-containing products so that the Injured Party in the fabrication process was exposed on a regular basis to raw asbestos fibers;
- Altered, repaired or otherwise worked with an asbestos-containing product such that the Injured Party was exposed on a regular basis to asbestos fibers; or
- Was employed in an industry and occupation such that the Injured Party worked on a regular basis in close proximity to workers engaged in the activities of handling, fabricating, altering, or repairing asbestos or asbestos-containing products.

**4.3 Other Asbestos Exposure** *[Complete the following information for the Injured Party's first exposure to any asbestos product, not just J T Thorpe asbestos exposure.]*

Date Asbestos Exposure Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Asbestos Exposure Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Jobsite: \_\_\_\_\_ City/Location: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

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**Part 5: DERIVATIVE EXPOSURE: EXPOSURE THROUGH AN  
OCCUPATIONALLY EXPOSED PERSON**

Complete this part **only** if the Injured Party's asbestos-related disease is a result of Derivative Exposure. Derivative Exposure means asbestos exposure through an Occupationally Exposed Person ("OEP").<sup>1</sup> **See Attorney Instructions for Filing a Claim With the J T Thorpe Company Successor Trust.**

**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:**

The Injured Party had a total of \_\_\_\_\_ years of asbestos exposure on a regular basis through the OEP identified in 5.2 below.

The Injured Party's first such asbestos exposure through the OEP began: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Injured Party's last such asbestos exposure through the OEP was on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

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**5.2 OEP's J T Thorpe Asbestos Exposure: [For each additional exposure period, please copy 5.2, 5.3 and 5.4 and attach the additional completed information in this section.]**

Name of OEP: \_\_\_\_\_  
  [First Name]  [Middle Name]  [Last Name]

Date J T Thorpe Exposure Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date J T Thorpe Exposure Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Jobsite: \_\_\_\_\_ City/Location: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

**5.3 OEP's Five (5) Year Cumulative Occupational Exposure: [Please check all applicable statements.]**

- Handled raw asbestos fibers on a regular basis;
- Fabricated asbestos-containing products so that the OEP in the fabrication process was exposed on a regular basis to raw asbestos fibers;
- Altered, repaired or otherwise worked with an asbestos-containing product such that the OEP was exposed on a regular basis to asbestos fibers; or
- Was employed in an industry and occupation such that the OEP worked on a regular basis in close proximity to workers engaged in the activities of handling, fabricating, altering, or repairing asbestos or asbestos-containing products.

<sup>1</sup> If the Injured Party claims direct occupational exposure to asbestos as well as Derivative Exposure, complete Part 4: OCCUPATIONAL EXPOSURE and Part 5: DERIVATIVE EXPOSURE: EXPOSURE THROUGH AN OCCUPATIONALLY EXPOSED PERSON.

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**5.4 OEP's Other Asbestos Exposure: [Complete the following information for the OEP's first exposure to any asbestos product, not just JT Thorpe asbestos exposure.]**

Date Asbestos Exposure Began: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Asbestos Exposure Ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Jobsite: \_\_\_\_\_ City/Location: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Part 6: PROOF OF EXPOSURE**

**Proof of Exposure is demonstrated by one or more of the following: (Check the appropriate box or boxes)**

The Injured Party or the Claimant Representative may demonstrate Proof of Exposure by completing **Part 7: DECLARATION** of this claim form, allowing the claim form to serve as the declaration.

Claim Form as Declaration

**OR**

One or more of the following documents may be submitted as Proof of Exposure. The documents must be submitted as an attachment to the Claim Form and **Part 8: CERTIFICATION** section of this claim form must be completed. Check the boxes below for the documents that are submitted as an attachment to this Claim Form.

- Separate Injured Party or Official Representative Affidavit
- Co-worker Affidavit
- Invoices, employment, construction or similar records
- Verified Listing of employer/jobsites
- Verified Work History
- Answers to Interrogatories with verification page. Specify pertinent page number(s) \_\_\_\_.
- Deposition Transcript with cover page(s). Specify pertinent page number(s) \_\_\_\_.

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**Part 7: DECLARATION**

**If Part 7: DECLARATION is not completed, Part 8: CERTIFICATION must be completed.**

I \_\_\_\_\_ ("DECLARANT") declare under penalty of perjury under the  
[PRINTED NAME OF DECLARANT]

laws of the United States of America that all of the information set out in this declaration (Parts 1-5) is true and correct..

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
[City] [State]

\_\_\_\_\_  
[SIGNATURE OF DECLARANT]

**Part 8: CERTIFICATION**

**If Part 8: CERTIFICATION is not completed, Part 7: DECLARATION must be completed.**

**This claim is certified by (check one)**

- The Injured Party
- The individual acting in an official capacity on behalf of the Injured Party (the "Claimant Representative")

I 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.

\_\_\_\_\_  
*Signature of Injured Party or Claimant Representative*

\_\_\_\_\_  
*Printed name*

- Attorney acting as Attorney-in-Fact

The undersigned certifies, under the penalty of perjury, as follows: I am authorized to file this Claim Form; I, or other trained personnel within my firm, have reviewed the information submitted on this Claim Form and all documents submitted in support of this claim; and to the best of my knowledge, based on policies and procedures adopted and implemented by my firm concerning claims processing, the information submitted is true, accurate and complete, and/or other information is included within the claimant's file and is derived from information provided by the claimant, one or more of the claimant's co-workers or the claimant's medical experts.

\_\_\_\_\_  
*Signature of Attorney acting as Attorney-in-Fact*

\_\_\_\_\_  
*Printed name*

**INJURED PARTY:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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**Part 9: ATTORNEY CERTIFICATION**

**This section is for Legal Counsel only and must be completed only if (i) Part 7 is signed by the Claimant Representative and Official Capacity documents are not provided or (ii) Part 8 is signed by the Claimant Representative or the Attorney and Official Capacity documents are not provided.**

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

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*Signature of Attorney representing the Claimant Representative*

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*Printed name*

**INJURED PARTY:** \_\_\_\_\_ **SSN:** \_\_\_\_\_