

Claim Form & Declaration
J T Thorpe Company Successor Trust

Capacity of Official Representative

Check the appropriate box indicating the capacity in which the Official Representative is authorized to act on behalf of the Injured Party.

- Executor/Administrator/Trustee
- Personal Representative
- Guardian
- Other (please specify): _____

1.4 Special Claims Status

If you believe your claim qualifies as an Extraordinary Claim and/or Exigent Hardship Claim (**see 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 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 _____/_____/_____

INJURED PARTY: _____ **SSN:** _____

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Disease Level III

Severe Asbestosis _____/_____/_____

Disease Level IV Other Cancer

Colorectal Cancer _____/_____/_____

Esophageal Cancer _____/_____/_____

Laryngeal Cancer _____/_____/_____

Pharyngeal Cancer _____/_____/_____

Stomach Cancer _____/_____/_____

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 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 _____/_____/_____

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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.

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.

INJURED PARTY: _____ **SSN:** _____

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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 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").¹ **See 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:

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.

¹ 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

INJURED PARTY: _____ **SSN:** _____