

ASBESTOS CONTRIBUTION (“INDIRECT”) CLAIM FORM

CELOTEX ASBESTOS SETTLEMENT TRUST

Submit completed claims to:
Celotex Asbestos Settlement Trust
PO Box 1036
Wilmington, DE 19899-1036

Instructions for the Asbestos Contribution (“Indirect”) Claim Form

- For purposes of this form, the Indirect Claimant is the entity seeking contribution, indemnification, or other reimbursement from the Trust. The Direct Claimant is the person whose underlying personal injury or wrongful death case or claim gave rise to the indirect claim.
- A separate claim form must be filed for each underlying direct claim so that each indirect claim may be evaluated individually. Complete the claim form as thoroughly and accurately as possible. Please type or print neatly.

SECTION A: Indirect Claimant

A1. Identification of Indirect Claimant

Indirect Claimant Name: _____
(Please print full name)

Current Street Address: _____
(Street/PO box number/suite number)

(City, State and Zip)

Telephone: _____ **Federal Employer I.D. No:** _____
(Area Code & Number)

Nature of Business: _____

Name of Contact Person: _____
(Please print full name)

Title: _____

Current Street Address: _____
(Street/PO box number/suite number)

(City, State and Zip)

Telephone: _____ **Fax:** _____
(Area Code & Number) (Area Code & Number)

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A2. Identification of Attorney for Indirect Claim

Attorney Name: _____
(Please print full name)

Name of Law Firm: _____
(Please print full name)

Current Street Address: _____

(Street/PO box number/suite number)

(City, State and Zip)

Telephone: _____ Fax: _____
(Area Code & Number) (Area Code & Number)

Email Address: _____

A3. Amount of This Indirect Claim

Total amount claimed: \$ _____

A4. Identification of Direct Claimant (Injured Party)

Name: _____
(Please print full name)

Social Security #: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)

Disease/injury for which the indirect claimant compensated the Direct Claimant: _____

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A5. Legal Basis for Asbestos Contribution Claim

A. Is this a Contribution Claim? Yes No *(If No, please skip to B)*

If Yes, please complete the following:

State/Jurisdiction the law of which you assert applies to your Contribution claim:

Have you paid a joint and several judgement in favor of the Direct Claimant?

Yes ____ No ____

Have you made a settlement with the Direct Claimant under which Celotex or Carey Canada and/or the Trust was released from liability? Yes ____ No ____

If yes, provide documentation of the satisfaction in full joint and several judgment and/or the documentation signed by the Direct Claimant releasing Celotex, Carey Canada and/or the Trust.

B. Proof of Payment

Provide copies of canceled checks, receipted bills or vouchers showing that you paid the Direct Claimant, or a party who paid the Direct Claimant, in the amount claimed. Such proof of payment to the Direct Claimant is required in all circumstances.

C. Theory of Recovery.

Describe fully the legal and factual basis of your claim for Contribution, Indemnification, or other ground of reimbursement.

If the release obtained from the Direct Claimant did not include a release of Celotex or Carey Canada, please set forth the specific statutory and case authority which you contend supports the claim. Attach additional sheets as necessary.

If space below is insufficient, please provide this information on a separate piece of paper attached to the back of this sheet.

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A5. Legal Basis for Asbestos Contribution Claim (cont’d)

D. Is your indirect claim based on having paid all or part of Celotex or Carey Canada’s alleged equitable share of liability for an asbestos-related personal injury or wrongful death case or claim?

Yes ____ No ____

Please list:

\$ _____ Total liability
\$ _____ Trust’s liability
\$ _____ Your share of the total liability

Describe below the basis on which you have computed Celotex’s share, your share, and the shares paid or to be paid by any other codefendants.

E. Are you aware of any payment by Celotex or Carey Canada in respect of this claim?

Yes ____ No ____

If yes, please explain:

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SECTION B: Direct Claimant

Complete this section for the Direct Claimant that acts as the basis for this indirect claim.
Please type or print neatly.

Should there be insufficient space to list all relevant information, please attach additional sheets.

In addition to filing the forms that follow, please ensure the following are enclosed, if applicable:

- Death Certificate (if applicable)
- Certificate of Official Capacity (if personal representative is filing form)
- Medical Records as requested in instructions
- Proof of Celotex or Carey Canada product exposure as set out in instructions

B1. Representation

If Direct Claimant is represented by counsel, please print or type the following information:

Attorney Name: _____
(Please print full name)

Paralegal or Contact Name: _____
(Please print full name)

Name of Law Firm: _____
(Please print full name of firm)

Firm Address: _____
(Street/PO box number/suite number)

(City, State and Zip)

Attorney Phone: _____
(Area Code & Number)

Fax: _____
(Area Code & Number)

Contact Phone: _____
(Area Code & Number)

Fax: _____
(Area Code & Number)

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B2: Direct Claimant Information

Name: _____ <small>(Please print full name)</small>	Social Security #: _____ - _____ - _____
Sex: Male _____ Female _____	Date of Birth: _____ / _____ / _____ <small>(Month) (Day) (Year)</small>

I. Is Direct Claimant living? Yes _____ No _____

II. If Direct Claimant is living and not represented by counsel, please complete the following:

Mailing Address: _____
(Street/PO box)

_____ (City/State/Zip)

Daytime Phone: () _____ - _____

III. If Direct Claimant is deceased: (***Death Certificate must be enclosed***)

Date of Death: _____ / _____ / _____

Was death asbestos related? Yes _____ No _____

IV. If Direct Claimant has a personal representative other than, or in addition to, his/her attorney, please indicate the following information for the representative: (***Certificate of Official Capacity must be enclosed***)

Name: _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____

Daytime Phone: () _____ - _____

Relationship to Direct Claimant: I am the _____
(Guardian, Administrator, Brother, etc.)

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B3: Diagnosed Asbestos-Related Injuries

Place an X next to all injuries below that have been or were diagnosed for the Direct Claimant **and** for which medical documentation is attached to this claim form. *See Instructions for listing of medical records that must be enclosed.*

<input type="checkbox"/>	Other _____ <small>(Specify)</small>	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Bilateral Pleural Disease	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Non-disabling Bilateral Interstitial Lung Disease	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Disabling Bilateral Interstitial Lung Disease	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
Other Cancer:		
<input type="checkbox"/>	Colo-rectal	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Laryngeal	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Esophageal	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Pharyngeal	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Lung Cancer (One)	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Lung Cancer (Two)	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>
<input type="checkbox"/>	Malignant Mesothelioma	Date of Diagnosis _____ / _____ / _____ <small>(Month) (Day) (Year)</small>

Claims for all of the above injuries must include a diagnosis of the claimed disease by an internal medicine or pulmonary specialist or other specialist based on either a physical examination of the Direct Claimant by that doctor, a physical examination by another doctor whose physical examination and findings are reliable or a pathologist examination for a deceased Direct Claimant.

If reimbursement of medical expenses is being claimed, what was the total expenditure on diagnosis and treatment of asbestos-related diseases: \$ _____

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B4: Dependents and Beneficiaries

List any other persons who may have rights associated with this claim.

Be sure to include the Direct Claimant's spouse, any dependents who derive (or who did derive at the time of the injured person's death) at least one-half of their financial support from the Direct Claimant.

Also list beneficiaries who are entitled to pursue an action for wrongful death under applicable state law.

If more than four, please copy and attach as necessary.

Name: _____	Date of Birth: _____ / _____ / _____ (Month) (Day) (Year)
Relationship: _____ Spouse _____ Child _____ Other: _____	Financially Dependent? _____ Yes _____ No

Name: _____	Date of Birth: _____ / _____ / _____ (Month) (Day) (Year)
Relationship: _____ Spouse _____ Child _____ Other: _____	Financially Dependent? _____ Yes _____ No

Name: _____	Date of Birth: _____ / _____ / _____ (Month) (Day) (Year)
Relationship: _____ Spouse _____ Child _____ Other: _____	Financially Dependent? _____ Yes _____ No

Name: _____	Date of Birth: _____ / _____ / _____ (Month) (Day) (Year)
Relationship: _____ Spouse _____ Child _____ Other: _____	Financially Dependent? _____ Yes _____ No

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B5: Occupational Exposure to Celotex or Carey Canada Products or Operations

Proof of Celotex or Carey Canada product exposure must be enclosed.

Please photocopy this page and list separately for each site, industry or occupation in which direct claimant alleges exposure to asbestos.

Date Exposure Began: _____ / _____ / _____
(Month) (Day) (Year)

Date Exposure Ended: _____ / _____ / _____
(Month) (Day) (Year)

Was the Direct Claimant employed by Celotex, Philip Carey or a Philip Carey Contract Unit during this time?
Yes _____ No _____

Did the Direct Claimant work at a site while Philip Carey, Carey Canada or Celotex employees were installing, removing, or otherwise handling asbestos-containing products during this time? Yes _____ No _____

Did the Direct Claimant work with Celotex, Philip Carey or Carey Canada employees during this time? Yes _____ No _____

Did the Direct Claimant live or work near or in the vicinity of a Carey Canada mine, or a Celotex or Philip Carey manufacturing plant or job-site where asbestos was present during this time? Yes _____ No _____

Occupation: _____

Description of Job Duties: _____

Industry in which exposure occurred: _____ If Code 37 (Other), specify: _____
(Code)

Industry Codes

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 11. Aerospace/aviation | 25. Insulation |
| 12. Asbestos abatement | 27. Railroad |
| 13. Automobile/mechanical friction | 30. Shipyard-construction/repair |
| 16. Chemical | 31. Textile |
| 17. Construction trades | 32. Tire/rubber |
| 18. Iron/steel | 33. Utilities |
| 19. Longshore | 34. Asbestos products manufacturing |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

Describe how and why asbestos products were used at the site:

Employer: _____

Site or Location of exposure: _____ Plant or Site Name: _____

Location at plant or site where exposure occurred: _____ City: _____ State: _____

Describe how Direct Claimant was exposed to Celotex or Carey Canada product(s) or operations:

Name of Celotex or Carey Canada product(s) or operations to which Direct Claimant was exposed:

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Proof of Celotex or Carey Canada product exposure must be enclosed.

Please photocopy this page and list separately for each site, industry or occupation in which Direct Claimant alleges exposure to asbestos.

Date Exposure Began: _____ / _____ / _____
(Month) (Day) (Year)

Date Exposure Ended: _____ / _____ / _____
(Month) (Day) (Year)

Was the Direct Claimant employed by Celotex, Philip Carey or a Philip Carey Contract Unit during this time?
Yes _____ No _____

Did the Direct Claimant work at a site while Philip Carey, Carey Canada or Celotex employees were installing, ripping out, or otherwise handling asbestos-containing products during this time?
Yes _____ No _____

Did the Direct Claimant work with Celotex, Philip Carey or Carey Canada employees during this time?
Yes _____ No _____

Did the Direct Claimant live or work near or in the vicinity of a Carey Canada mine, or a Celotex or Philip Carey manufacturing plant or job-site where asbestos was present during this time?
Yes _____ No _____

Occupation: _____

Description of Job Duties: _____

Industry in which exposure occurred: _____ If Code 37 (Other), specify: _____
(Code)

Industry Codes

- | | |
|---|-------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 11. Aerospace/aviation | 25. Insulation |
| 12. Asbestos abatement | 27. Railroad |
| 13. Automobile/mechanical friction | 30. Shipyard-construction/repair |
| 16. Chemical | 31. Textile |
| 17. Construction trades | 32. Tire/rubber |
| 18. Iron/steel | 33. Utilities |
| 19. Longshore | 34. Asbestos products manufacturing |
| 20. Maritime | 36. Building occupant/bystander |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

Describe how and why asbestos products were used at the site:

Employer: _____

Site or Location of exposure: _____

Plant or Site Name: _____

Location at plant or site where exposure occurred: _____ City: _____ State: _____

Describe how Direct Claimant was exposed to Celotex or Carey Canada product:

Name of Celotex or Carey Canada product(s) to which Direct Claimant was exposed:

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B6: Exposure to an Occupationally Exposed Person*

Did the Direct Claimant allege an asbestos-related disease resulting solely from exposure to an occupationally exposed person, such as a family member (spouse, father, sister, etc.)?

Yes _____ No _____

Date Exposure to Other Person Began: Month _____ Year _____

Date Exposure to Other Person Ended: Month _____ Year _____

Relationship to occupationally exposed individual:

I am his/her _____
(Brother, Son, Spouse, etc.)

Describe how Direct Claimant was exposed to the Celotex or Carey Canada product:

***Part B5, page 9a, must be completed for
the occupationally exposed person.**

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B7: Smoking/Tobacco History

For each item, indicate whether Direct Claimant has smoked or used the given product. If used, indicate the dates they were used, and the amount per day. Indicate fractional packs as appropriate, e.g. three and one-half packs would be entered as 3.5.

Has the Direct Claimant ever:		
Smoked Cigarettes?	Yes _____	No _____
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Packs per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Packs per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Packs per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Packs per day: _____.

Has the Direct Claimant ever:		
Smoked Cigars?	Yes _____	No _____
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Cigars per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Cigars per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Cigars per day: _____.
From _____/_____ (Month) (Year)	To: _____/_____ (Month) (Year)	Cigars per day: _____.

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B8: Workers’ Compensation/Other Disability Claims

Has the Direct Claimant ever received disability benefits related to asbestos?

Yes _____ No _____

Name of organization granting benefits: _____
(FECA, WC, etc.)

Date benefits began: _____ / _____
(month) (year)

Monthly benefit stipend: \$ _____, _____.

Name of company claim was filed against: _____

B9: Employment Information

Current Employment Status:

- _____ Full-time, outside the home
- _____ Full-time, within the home
- _____ Part-time, outside the home
- _____ Part-time, within the home
- _____ Retired
- _____ Disabled
- _____ Deceased

Amount of last annual wage: \$ _____, _____.

Date of last wage received: _____ / _____
(month) (year)

(enter current month and year if currently earning work-related compensation)

**W-2 and first page of Form 1040 for last year of full employment
must be enclosed, if lost wages were claimed.**

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SECTION C: Payments Made

C1. Litigation and Settlement Information

Has a lawsuit ever been instituted by Direct Claimant in any state or federal court or other forum against any party based on any asbestos-related disease allegedly suffered by Direct Claimant?

Yes No

If yes, supply the following information with respect to each such lawsuit or action. Answer with respect to all such actions and provide a copy of the complaint for each suit or action.

Attach additional sheets if necessary.

Court or other forum where filed: _____

Date filed: ____/____/____
(month) (day) (year)

Docket Number of Case: _____

Status: Pending Inactive or Stayed Closed

Was Celotex or Carey Canada ever named as Defendant: Yes No

For each defendant that has compensated the Direct Claimant, whether that compensation was the result of a judgment award, or settlement, please provide the following information. If additional space is needed, please copy this page and attach to the back of this page.

Defendant	Type of Judgment	Amount of Compensatory Judgment/Award Paid	Amount of Punitive Judgment/Award Paid	Amount of Pre or Post Judgment/Award Interest Paid	Total Paid (Compensatory punitives, interest) Judgment/Award or Settlement	Amount Unsatisfied (Describe reasons below)	Date Paid
	____ Judgment/Award ____ Settlement						
	____ Judgment/Award ____ Settlement						
	____ Judgment/Award ____ Settlement						
	____ Judgment/Award ____ Settlement						
	____ Judgment/Award ____ Settlement						

Reason(s) for any unsatisfied judgments/awards: _____

**For all judgments or awards listed above, please attach copies of the judgments and/or awards.
For all settlements listed above, please attached copies of the settlement agreements.**

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C1. Litigation and Settlement Information (con’t)

Was an appeal taken from the Judgment? Yes ____ No ____

If Yes, was the appeal finally resolved? Yes ____ No ____

If Yes, what was the resolution? (attach copies of any decision on appeal): _____

Were there further proceedings after appeal? Yes ____ No ____

If Yes, what proceedings and what is the current status? _____

C2. Proof of Claim

A. Did you file a Proof of Claim in the Bankruptcy ? Yes ____ No ____

B. If Yes, please attach a copy. If no, please explain.

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C3. Related Claims

Have you sought, are you seeking, or do you plan to seek, contribution, indemnification, or reimbursement on any other basis from any other asbestos producer or entity or individual other than the Trust based on the same direct claim? Yes ____ No ____

If Yes, please provide the following information. If these claims involve lawsuits or other dispute resolution proceedings, please attach a copy of the complaint and any judgment.

Attach additional sheets as necessary.

Name of Entity: _____

Amount of Claim: \$ _____

Type of Claim (lawsuit, negotiation, prior agreement, etc.) _____

Basis of Claim: _____

Status or outcome of the claim: _____

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please provide the following:

Court or Other Dispute Resolution Forum: _____

Names of Defendants:

_____	_____
_____	_____
_____	_____
_____	_____

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C4. Signature of Representative of Indirect Claimant

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS PROOF OF CLAIM IS TRUE AND COMPLETE. I UNDERSTAND THAT THIS PROOF OF CLAIM IS SUBMITTED UNDER PENALTY FOR REPRESENTATION OF A FRAUDULENT CLAIM IN ACCORDANCE WITH TITLE 18 U.S.C. § 152.

Name of Representative of Indirect Claimant
(Must be a Corporate Officer or Attorney in Charge)

Signature

Title

Date