

# MANVILLE PERSONAL INJURY SETTLEMENT TRUST

2002 TDP

Proof of Claim Form

Submit Completed Claims to:

Claims Resolution Management Corporation  
3120 Fairview Park Drive, Suite 200  
Falls Church, VA 22042  
(703) 204-9300  
(800) 536-2722

Law Firm Administrative Contact  
for this Claim:

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Law Firm: \_\_\_\_\_

**PART 1: INJURED PARTY INFORMATION**

Name: \_\_\_\_\_  
          First                                  Middle                                  Last                                  Jr. / Sr.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR

International Id: \_\_\_\_\_ (Required for Foreign Claims)

Gender: (check box)  Male  
                                   Female

Date Of Birth: \_\_\_\_\_  
                                  (MM/DD/YYYY)

**If injured party is LIVING**

Mailing Address \_\_\_\_\_  
                                  Street Address  
                                  \_\_\_\_\_  
                                  City, State (Province), Zip Code (Postal Code), Country  
Daytime Telephone: \_\_\_\_\_ - \_\_\_\_\_  
                                  Area Code  
E-mail Address: \_\_\_\_\_

**If injured party is DECEASED**

Date of Death: \_\_\_\_\_  
                                  (MM/DD/YYYY)

Personal Representative Name (if injured party is deceased or is living and has a person, other than filing attorney, filing on his/her behalf):

Name: \_\_\_\_\_  
          First                                  Middle                                  Last                                  Jr. / Sr.

Mailing Address \_\_\_\_\_  
                                  Street Address  
                                  \_\_\_\_\_  
                                  City, State (Province), Zip Code (Postal Code), Country  
Daytime Telephone: \_\_\_\_\_ - \_\_\_\_\_  
                                  Area Code  
E-mail Address: \_\_\_\_\_

**PART 2: LAW FIRM/ATTORNEY INFORMATION**

**IF AN ATTORNEY IS REPRESENTING THIS INJURED PARTY, COMPLETE THIS SECTION:**

Tax ID #: \_\_\_\_\_ Internet Address: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code

**Mailing Address  
For Claim-Related  
Correspondence:**

\_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City, State (Province), Zip Code (Postal Code) Country*

**IF THERE IS CO-COUNSEL, COMPLETE THIS SECTION:**

Tax ID #: \_\_\_\_\_ Internet Address: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_  
Area Code Area Code

**Mailing Address  
For Claim-Related  
Correspondence:**

\_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City, State (Province), Zip Code (Postal Code) Country*

### PART 3: LITIGATION

Has any asbestos-related lawsuit been filed on behalf of this injured party?  
(check one)

YES (give earliest date filed, and name of State or Country)  NO

\_\_\_\_\_  
Month      Year      State      Country

### PART 4: EXPOSURE TO MANVILLE ASBESTOS

To qualify for any Disease Level, the claimant must demonstrate a minimum exposure to an asbestos-containing Manville product prior to December 31, 1982 together with additional asbestos exposure requirements where applicable.

#### EXPOSURE HISTORY

The following definitions must be used to indicate how exposure was obtained for each period of employment. As used here, on a "regular basis" means every workday for a substantial part of the workday.

- (i) handled raw asbestos fibers on a regular basis
- (ii) fabricated asbestos containing products so that the claimant in the fabrication process was exposed on a regular basis to raw asbestos fibers
- (iii) altered, repaired or otherwise worked with an asbestos containing product such that the claimant was exposed on a regular basis to asbestos fibers
- (iv) was employed in an industry and occupation such that the claimant worked on a regular basis within 10-20 feet of workers engaged in the activities described in (i), (ii) and or (iii)
- (v) Exposed other than by (i), (ii), (iii) or (iv)

Completing **Part A** of this section is necessary only when the claimant is alleging an asbestos-related disease resulting from exposure to an occupationally-exposed person. In other words, exposure to asbestos was secondary as in the case of a family member.

**Completing Part B of this section is mandatory.** It reflects all periods of exposure to asbestos by an occupationally, or directly, exposed person. If Part A is completed, Part B must contain the exposure information of the individual that was occupationally, or directly, exposed to the asbestos product(s).

When indicating product and occupations, use the codes listed on pages 8 and 9.

**1. Part A: Bystander – secondary exposure including family member.**

Enter the dates that you were exposed to the occupationally exposed person (the other person):

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year

Provide the name of the occupationally-exposed person and his / her relationship to you:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: (check box)  Family  Tenant, boarder, roommate  
 Laundry customer  Other

**1. Part B: Occupational exposure - MANDATORY.** This section must be completed describing all periods of asbestos exposure of the occupationally, or directly, exposed person. Product and occupation codes are listed on pages 8 and 9.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year

Occupation Code: \_\_\_\_\_ Industry Code: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Name of Plant or Site

\_\_\_\_\_ State Country

If the country of exposure is other than the US or Canada please answer the following:

Did this exposure occur at a U.S. military installation, U.S. Embassy complex or on a U.S. Military Ship? \_\_\_\_\_(YES) \_\_\_\_\_(NO)

Check the category that best describes the exposure of the injured party:

- \_\_\_\_\_ (i) Handled raw asbestos fibers on a regular basis  
\_\_\_\_\_ (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers

- \_\_\_\_\_ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers
- \_\_\_\_\_ (iv) Was employed in an occupation such that the claimant worked on a regular basis in proximity of workers engaged in the activities described in (i), (ii) and/or (iii)
- \_\_\_\_\_ (v) Exposed other than by (i), (ii), (iii) or (iv)

If category (iv) or (v) was checked for exposure:

Check the category that best describes the exposure of occupationally-exposed co-worker(s) in proximity:

- \_\_\_\_\_ (i) Handled raw asbestos fibers on a regular basis
- \_\_\_\_\_ (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers
- \_\_\_\_\_ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers

List the occupation code(s) of occupationally-exposed co-worker(s) in proximity.

Occupation Code(s): \_\_\_\_\_

**Additional Exposure pages follow, if needed. Complete one page for each exposure.**

**1. Part A: Bystander – secondary exposure including family member.**

Enter the dates that you were exposed to the occupationally exposed person (the other person):

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
 Month Year Month Year

Provide the name of the occupationally-exposed person and his / her relationship to you:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: (check box)  Family  Tenant, boarder, roommate  
 Laundry customer  Other

**1. Part B: Occupational exposure - MANDATORY.** This section must be completed describing all periods of asbestos exposure of the occupationally, or directly, exposed person. Product and occupation codes are listed on pages 8 and 9.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Month Year Month Year  
Occupation Code: \_\_\_\_\_ Industry Code: \_\_\_\_\_

Exposure Site: \_\_\_\_\_  
Name of Plant or Site  
\_\_\_\_\_  
State Country

If the country of exposure is other than the US or Canada please answer the following:

Did this exposure occur at a U.S. military installation, U.S. Embassy complex or on a U.S. Military Ship? \_\_\_\_\_(YES) \_\_\_\_\_(NO)

Check the category that best describes the exposure of the injured party:

- \_\_\_\_\_ (i) Handled raw asbestos fibers on a regular basis
- \_\_\_\_\_ (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers
- \_\_\_\_\_ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers
- \_\_\_\_\_ (iv) Was employed in an occupation such that the claimant worked on a regular basis in proximity of workers engaged in the activities described in (i), (ii) and/or (iii)
- \_\_\_\_\_ (v) Exposed other than by (i), (ii), (iii) or (iv)

If category (iv) or (v) was checked for exposure:

Check the category that best describes the exposure of occupationally-exposed co-worker(s) in proximity:

- \_\_\_\_\_ (i) Handled raw asbestos fibers on a regular basis
- \_\_\_\_\_ (ii) Fabricated asbestos-containing products so that he / she was exposed on a regular basis to raw asbestos fibers

- \_\_\_\_\_ (iii) Altered, repaired or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers

List the occupation code(s) of occupationally-exposed co-worker(s) in proximity.

Occupation Code(s): \_\_\_\_\_

**Attach additional pages if needed.**



## Occupation Codes

- |  |   |
|--|---|
| 01. Air Conditioning & Heating<br>Installer, Maintenance | 23. Heavy Equipment Operator                              |
| 03. Asbestos Miner, Asbestos<br>Plant Worker             | 63. Hostler   |
| 04. Asbestos Removal Worker                              | 02. Insulation  |
| 60. Baker  | 53. Longshoreman  |
| 12. Brake Maker  | 64. Machine Operator                                      |
| 13. Brick Masons, Layer & Hod Carrier                    | 26. Machinists  |
| 09. Boiler Worker, Repair                                | 10. Maintenance Worker                                    |
| 61. Butcher & Meat Cutter                                | 06. Mechanic  |
| 51. Bystander (Including Family<br>Member)               | 27. Millwright  |
| 15. Carpenter  | 50. Office Worker   |
| 55. Chipper  | 28. Painter   |
| 67. Construction Laborer                                 | 30. Pipe fitter, Steamfitter plumber &<br>Helper          |
| 18. Custodian  | 31. Plasterer & Sheet-Rock Installer                      |
| 19. Electrician  | 11. Railroad, Brakeman, Carman,<br>Conductor, and Laborer |
| 20. Engineer   | 34. Rigger  |
| 76. Environmental Bystander                              | 35. Sandblaster   |
| 05. Factory Worker (Assembly Line)                       | 33. Seaman (Engine Room)                                  |
| 59. Factory Worker (Non-Assembly<br>Line)                | 36. Seaman (Non-Engine Room)                              |
| 21. Fire Fighters  | 37. Sheet Metal Worker                                    |
| 22. Furnace Worker, Installer &<br>Maintenance           | 39. Ship fitter   |
| 52. Glass Worker   | 38. Shipwright  |
| 56. Grinder  | 65. Shipyard Laborer                                      |
| 57. Hazardous Materials Removal                          | 54. Steel, Foundry, Aluminum Worker                       |
| 62. Heat Treating Equipment Operator                     | 40. Warehouse Worker                                      |
|  | 08. Welder  |
|  | 66. Well Pullers  |

## Industry Codes

- |  |   |
|--|---|
| 102. Asbestos Abatement  | 111. Military   |
| 104. Automotive Dealers, Repair Services and Stations            | 134. Mining and Quarrying Nonmetallic Minerals Except Fuels       |
| 106. Chemicals and Allied Products                               | 116. Munitions Plant  |
| 107. Construction Trade  | 125. Non-Manville Asbestos Manufacturing and Mining               |
| 123. Electric, Gas, Sanitary and Telephone Services              | 135. Oil and Gas Extraction                                       |
| 127. Electronic Equipment and Components                         | 118. Paper and Allied Products                                    |
| 002. Environmental Bystander                                     | 114. Petroleum and Related Industries                             |
| 128. Food and Kindred Products                                   | 136. Pipelines (Except Natural Gas)                               |
| 129. Government, Municipalities and Schools                      | 108. Primary Metal Industries                                     |
| 130. Industrial and Commercial Machinery and Computer Equipment  | 137. Printing and Publishing Industries                           |
| 131. Local and Suburban Transit and Interurban Highway Passenger | 117. Railroad Transportation                                      |
| 109. Longshore   | 122. Rubber and Miscellaneous Products                            |
| 124. Manville Asbestos Manufacturing and Mining                  | 120. Shipyard (Construction, Repair of Ships)                     |
| 110. Maritime  | 112. Stone, Clay, Glass and Concrete Products                     |
| 132. Measuring, Analyzing and Controlling Instruments            | 121. Textile Mill Products  |
| 133. Metal Mining  | 138. Tobacco Products   |
|  | 101. Transportation Equipment (Including Automobile and Aircraft) |
|  | 139. Water Transportation   |



**PART 7: SIGNATURE**

**All claims must be signed by the injured party or the person filing on his/her behalf.  
If the claimant is represented by counsel, counsel must also sign.  
Facsimile signatures are acceptable.**

**By signing the POC form you are certifying that all representations you have made  
are true and accurate.**

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SIGNATURE OF INJURED PARTY OR PERSONAL REPRESENTATIVE

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PLEASE PRINT THE NAME AND RELATIONSHIP TO THE INJURED PARTY  
OF THE SIGNATORY ABOVE

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SIGNATURE OF COUNSEL