

**North American Refractories Company  
Asbestos Personal Injury Settlement Trust  
("the NARCO ASBESTOS TRUST")**

**Proof of Claim Form for  
Unliquidated Claims to be  
Processed Under Expedited Review**

Submit Completed Claims to:

NARCO ASBESTOS TRUST  
P.O. Box 130  
Wilmington, DE 19899  
1-800-708-8925

For information on filing electronically, please call Delaware Claims Processing Facility ("DCPF") at the above numbers or e-mail DCPF at: [claimantrelations@delcpf.com](mailto:claimantrelations@delcpf.com).

Law Firm Administrative Contact  
for this Claim:

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

**Please carefully review the Instructions for Completing the NARCO Asbestos Trust Proof of Claim Form for Unliquidated Claims to be Processed under Expedited Review (the "ER Instructions") prior to completing this claim form. Submission of the claim form constitutes a confirmation that the preparer of the claim form has reviewed the ER Instructions.**

## REVIEW PROCESS:

*The review process is important. Incorrect selections may impact the processing of your claim which could result in processing delays or the return of your claim form. Please review the ER Instructions. If questions remain, please call the DCPF Help Line at 1-800-708-8925 for assistance. At any time during the Expedited Review process, the NARCO Asbestos Trust may request that the claimant submit additional or more detailed information. Regarding the confidentiality of information submitted to the NARCO Asbestos Trust, please review the Confidentiality Agreement at [www.narcoasbestostrust.org](http://www.narcoasbestostrust.org).*

**Check the following box if this submission is an unliquidated Pre-Established Claim (see definition below)**

*(An unliquidated Pre-Established Claim is an (i) unliquidated NARCO Asbestos Trust Claim that was filed and served on NARCO or Honeywell as a defendant in the tort system prior to January 4, 2002 (the "Petition Date"), based upon allegations that the injured party's alleged asbestos-related injury arose in whole or in part from exposure to a NARCO asbestos-containing product, or (ii) unliquidated NARCO Asbestos Trust Claim subject to a binding settlement agreement, entered into with Honeywell after the Petition Date but prior to April 30, 2013 (the "Effective Date"), and the settlement agreement entitles the claimant to file a NARCO Asbestos Trust Claim to be liquidated by the Trust in accordance with the provisions of the Trust Distribution Procedures (the "TDP").*

*Note: Expedited Review ("ER") processing is NOT available for Disease Level V (Lung Cancer 2); Exigent; Extraordinary; Secondary Exposure Claims or Foreign Claims. Such claims must be submitted for Individual Review ("IR").*



**Personal Representative**

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 Initial          Last                          Jr. Sr. etc.

Identify Personal Representative's official capacity in representing the injured party (relative, guardian, administrator, or other): \_\_\_\_\_

If not represented by counsel:

Mailing Address: \_\_\_\_\_  
  Street Address

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

Daytime Telephone: \_\_\_\_\_ - \_\_\_\_\_  
  Area Code

E-mail Address: \_\_\_\_\_



**PART 3: ASBESTOS-RELATED INJURY - MANDATORY**

**DIAGNOSED INJURIES:**

Check the box that indicates the **most serious** asbestos related injury that is being alleged and indicate the first diagnosis date associated with that injury.

See the ER Instructions for the medical documentation required to support each Disease Level as outlined in section 4.7 of the TDP. You must include the earliest qualifying medical documentation for the highest level disease claimed.

**Disease**

- Other Asbestos Disease (Level I)**
- Asbestosis/Pleural Disease (Level II)**
- Severe Asbestosis (Level III)**
- Other Cancer (Level IV)**
  - Colorectal
  - Laryngeal
  - Esophageal
  - Pharyngeal
  - Stomach Cancer
- Lung Cancer 1 (Level VI)**
- Mesothelioma (Level VII)**

**First Diagnosis Date**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**PART 4: ASBESTOS-RELATED LITIGATION – MANDATORY, if applicable**

*Has an asbestos-related lawsuit ever been filed on behalf of the injured party?*

Yes  No

*If “yes”, you must provide the following information. Otherwise, proceed to PART 5.*

The claimant and the claimant’s law firm must attach to this Claim Form the Face Sheet of the complaint or full caption of the case to confirm the information and show the names of the plaintiff(s) and defendant(s), including the name of the injured party.

Filing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

State: \_\_\_\_\_

Court: \_\_\_\_\_

Docket-Case Number: \_\_\_\_\_

Was NARCO or Honeywell named as a defendant prior to the Petition Date of January 4, 2002, based upon allegations that the injured party’s alleged asbestos-related injury arose, in whole or in part, from exposure to NARCO asbestos-containing products?

Yes  No

Has the injured party or claimant ever received monies related to above-referenced lawsuit(s) from NARCO, Honeywell, or their insurers based upon allegations that the injured party’s alleged asbestos-related injury arose, in whole or in part, from exposure to NARCO asbestos-containing products?<sup>1</sup>

Yes  No

If “yes,” amount: \$ \_\_\_\_\_

<sup>1</sup> Answering “Yes” to this question will require Pre-Established Unliquidated Review.  
POC Form for Unliquidated Claims to be Processed Under ER (11/19/2025)

Has a claim on behalf of the injured party ever been submitted to NARCO or Honeywell pursuant to an administrative settlement agreement?<sup>2</sup>

Yes  No

If “yes,” indicate the date of submission: \_\_\_\_\_  
(MM/DD/YYYY)

Was the injured party or claimant a party to a tolling agreement with NARCO or Honeywell?<sup>3</sup>

Yes  No

If “yes,” provide the dates of the tolling and attach documentation of the agreement:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

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<sup>2</sup> Answering “Yes” to this question will require Pre-Established Unliquidated Review.

<sup>3</sup> Answering “Yes” to this question will require Pre-Established Unliquidated Review.  
POC Form for Unliquidated Claims to be Processed Under ER (11/19/2025)

**PART 5: EXPOSURE TO NARCO ASBESTOS- CONTAINING PRODUCTS –  
MANDATORY**

**OCCUPATIONAL AND  
EXPOSURE HISTORY**

**Completing Part 5, Subpart A of this section is mandatory.** It reflects all periods of exposure to NARCO asbestos-containing products by an occupationally exposed person necessary to meet the applicable requirements of the TDP.

**Completing Part 5, Subpart B 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.

**NARCO Exposure, Subpart A: Occupational exposure - MANDATORY.** This section must be completed, describing all periods of NARCO asbestos-containing products exposure of the occupationally exposed person necessary to meet the applicable requirements of the TDP. Industry, product and occupation codes are listed on pages 15 through 18.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
MM YYYY MM YYYY

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

If Code 25 – Please describe: \_\_\_\_\_

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

If the injured party’s occupation is not an exact match to an occupation on the occupations list, use “Occupation Code 126. Other” and use the “Comment” field to provide the specific occupation.

Comment: \_\_\_\_\_

Worksite List Code: \_\_\_\_\_ (The acceptable Worksite List codes are available on DCPF’s website ([www.narcoasbestostrust.org](http://www.narcoasbestostrust.org)); use code #583 Not Qualified to indicate an exposure site that is not on the list.)

Location within worksite/plant where exposure occurred (if available):

\_\_\_\_\_

If the site/plant is not on the acceptable Worksite List, complete the following:

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Product Code(s): \_\_\_\_\_

**Description of Occupational Exposure at this worksite:**

The occupationally-exposed person:

- a)  Worked on a regular basis with a NARCO asbestos-containing product; or
- b)  Worked on a regular basis in close proximity to workers who:
  - i.  Handled raw asbestos fibers on a regular basis;
  - ii.  Fabricated asbestos-containing products so that he/she in the fabrication process was exposed on a regular basis to raw asbestos fibers; or
  - iii.  Installed, altered, repaired, removed or otherwise worked with an asbestos-containing product such that he/she was exposed on a regular basis to asbestos fibers.

**NARCO Exposure, Subpart B: Secondary exposure, including family member.**

Enter the dates that the injured party was exposed to the occupationally-exposed person:

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
MM YYYY MM YYYY

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

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

Relationship: (check box)  Family  Tenant, boarder, roommate  
 Other; please explain: \_\_\_\_\_

**Proof of exposure must be submitted - see Sufficiency of Evidence, Part 5, in the ER Instructions.**

**If the injured party has additional exposure periods and such exposure periods must be established in order to meet the applicable exposure requirements of the TDP, please copy and attach additional exposure pages and number each set of pages.**

**PART 6: OTHER REQUISITE OCCUPATIONAL EXPOSURE TO ASBESTOS-CONTAINING PRODUCTS OR ACTIVITIES – MANDATORY, where applicable**

To qualify for certain Disease Levels, the claimant must demonstrate Significant Occupational Exposure to asbestos or other cumulative occupational asbestos exposure. If the Disease Level that the claimant seeks to qualify for requires Significant Occupational Exposure or other cumulative occupational asbestos exposure, please complete this Part 6. Otherwise, proceed to Part 7.

Provide all periods of the occupationally exposed person’s asbestos exposure sufficient to meet the five-year requirement regardless of whether NARCO products were involved.

**Completing Part 6, Subpart A should reflect all periods of exposure to asbestos by an occupationally, or directly, exposed person necessary to meet the applicable requirements of the TDP.**

**Completing Part 6, Subpart B 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. If Subpart B is completed, Subpart A must contain the exposure information of the individual that was occupationally, or directly, exposed to the asbestos product(s).**

**Other Requisite Occupational Exposure Subpart A: Occupational Exposure - MANDATORY.** This section must be completed describing all periods of asbestos exposure of the occupationally-exposed person necessary to meet the applicable requirements of the TDP. Industry and Occupation codes are listed on pages 15 through 17.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
MM YYYY MM YYYY

Industry Code: \_\_\_\_\_  
If Code 25 – Please describe: \_\_\_\_\_

Occupation Code: \_\_\_\_\_  
If the injured party’s occupation is not an exact match to an occupation on the occupations list, use “Occupation Code 126. Other” and use the “Comment” field to provide the specific occupation.

Comment: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

**Description of Occupational Exposure at this worksite:**

The injured party or the occupationally-exposed person in the case of a secondary exposure claim:

- i.  Handled raw asbestos fibers on a regular basis; or
- ii.  Fabricated asbestos-containing products so that he/she in the fabrication process was exposed on a regular basis to raw asbestos fibers; or
- iii.  Installed, altered, repaired, removed or otherwise worked with an asbestos-containing product such that he/she was exposed on a regular basis to asbestos fibers; or
- iv.  Was employed in an industry and occupation such that he/she worked on a regular basis in close proximity to workers engaged in activities described in i, ii, or iii above.
- v.  None of the above. Please provide a description of how he/she was exposed to asbestos:

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If category (iv) 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 in the fabrication process was exposed on a regular basis to raw asbestos fibers; or
- \_\_\_\_\_ (iii) Installed, altered, repaired, removed, or otherwise worked with an asbestos-containing product such that he/she 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) (select the closest): \_\_\_\_\_

**Other Requisite Occupational Exposure, Subpart B: Secondary exposure, including family member.**

Enter the dates that the injured party was exposed to the occupationally-exposed person (the other person):

**From:** \_\_\_\_\_  
MM YYYY

**To:** \_\_\_\_\_  
MM YYYY

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

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

Relationship: (check box)  Family  Tenant, boarder, roommate  
 Other; please explain: \_\_\_\_\_

**Proof of exposure must be submitted – see Sufficiency of Evidence, Part 6, in the ER Instructions.**

**If the injured party has additional exposure periods and such exposure periods must be established in order to meet the applicable exposure requirements of the TDP, please copy and attach additional exposure pages and number each set of pages.**

**Industry Codes:**

- 01 Aerospace/Aviation
- 02 Aluminum Manufacturing
- 03 Asbestos Abatement
- 04 Asbestos Mining
- 05 Asbestos Products Manufacturing
- 06 Automobile/Mechanical Friction
- 07 Chemical
- 08 Construction Trades
- 09 Electric Power Production
- 10 Glass Manufacturing
- 11 Insulation
- 12 Iron
- 13 Longshore
- 14 Maritime
- 15 Military
- 16 Non-Asbestos Products Manufacturing
- 17 Petrochemical
- 18 Railroad
- 19 Shipyard Construction/Repair
- 20 Steel
- 21 Textile
- 22 Tire/Rubber
- 23 Utilities
- 24 Building Occupant/Bystander
- 25 Other

## Occupation Codes:

Abatement Worker	01	Electrical Technician	41
Acoustical Worker	02	Electrician	42
Air Conditioning Installer/Repairer	03	Electrician Helper	43
Asbestos Worker	04	Elevator Construction Worker	44
Beamer	05	Erector	45
Boiler Coverer	06	Final Construction Inspector	46
Boiler Inspector	07	Fireman	47
Boiler Insulator	08	Floor Tile/Linoleum Layer	48
Boiler Operator	09	Floor Tile Installer	49
Boiler Repairer	10	Furnace Helper	136
Boiler Tender	11	Furnace Installer/Repairer	50
Boiler Worker	12	Furnaceman	129
Boilermaker	13	Furnace Operator	128
Boilerman	14	Furnace Worker	51
Brick Gang	15	Glazier	52
Brick Mason	16	Hammer Driver	53
Brick Room Helper	17	Heat System Installer/Repairer	54
Bricklayer	18	Heating Insulator	55
Bricklayer Helper	134	Heat Treater	130
Brickman	19	Heat-treating equipment operator	131
Building Remodeler	20	Heating Worker	56
Burner	21	Hod Carrier	57
Carpenter	22	HVAC Installer/Repairer	58
Caulker	23	Industrial Electrician	59
Ceiling Tile Installer	24	Insulation Apprentice/Helper	60
Cement Finisher	25	Insulation Machinist	61
Cement Worker	26	Insulation Worker	62
Chipper	27	Insulator	63
Chipper & Grinder	28	Insulator Helper	132
Coke Worker	127	Ironworker	64
Concrete Laborer	29	Laborer	65
Concrete Worker	30	Lather	66
Construction Laborer	31	Lagger	67
Construction Mechanic	32	Locksmith	68
Construction Superintendent	33	Machinist	69
Construction Worker	34	Maintenance Mechanic	70
Contractor	35	Mason	71
Coppersmith	36	Mason Tender	72
Crane Operator	37	Millwright	73
Demolition Worker	38	Mortar Mixer	74
Drywall Applicator	39	Other	126
Drywall Taper	40	Paint Mixer	75

Painter	76	Tile Operator	116
Pile Driver	77	Tile Worker	117
Pipe Carrier	78	Vinyl Asbestos Floor Tile Worker	118
Pipe Coverer	79	Weld Checker	119
Pipe Cutter	80	Welder	120
Pipe Foreman	81	Welding Assistant	121
Pipe Grinder	82	Welding Helper	122
Pipe Hanger	83	Welding Inspector	123
Pipe Insulator	84	Welding Instructor	124
Pipe Layer	85	Welding Foreman	125
Pipe Racker	86		
Pipe Repairer	87		
Pipe Stripper	88		
Pipe Welder	89		
Pipefitter	90		
Pipefitter Helper	91		
Plasterer	92		
Plumber	93		
Potroom Worker	94		
Pot Room Worker / Boiler Operator	133		
Pourer	95		
Refrigeration/HVAC Equipment Installer/Repairer	96		
Rigger	97		
Rivet Bulker	98		
Riveter	99		
Roofer	100		
Sheetmetal Mechanic	101		
Sheetmetal Worker	102		
Sheetrock Hanger	103		
Shingle Catcher	104		
Shipfitter	135		
Siding Erector	105		
Soundproofing Installer	106		
Spray Insulator	107		
Steamfitter	108		
Structural Worker	109		
Telephone Cable Insulator and Installer	110		
Tile Grinder	111		
Tile Helper	112		
Tile Installer	113		
Tile Layer	114		
Tile Mechanic	115		

**NARCO Asbestos Product Codes:**

1. Aerogun
2. Anti-Erode Trowel
3. BOF-Cote
4. BOF-Patch
5. CM Gun Mix
6. CM-18 Gun Mix
7. MC-Gun Mix
8. Narcocast ES Fine Trowel
9. Narcocrete Trowel
10. Narcogun CM-343
11. Narcogun C.O.
12. Narcogun CR-346
13. Narcogun CR-346NN
14. Narcogun CRD-347
15. Narcogun MC-339
16. Narcogun MCD-344
17. Narcogun P-340
18. Narcogun PD-345
20. Narcogun SD-336
21. Narcolite
22. Narmag 60 DBRC
23. Narmag OH Gun Mix
24. Stazon
25. Super 505 Hot Gun C
26. Unicote
27. W0-339 MC Gun
28. Other NARCO Product

**PART 7: SIGNATURE - MANDATORY**

**This claim form must be signed by the injured party’s attorney or, if the injured party is not represented by an attorney, the injured party or the injured party’s personal representative.**

**If signed by an attorney, by signing below, the attorney certifies that the information and materials with respect to this claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, by signing below, the attorney certifies and warrants that if this claim is filed on behalf of the injured party and/or the injured party’s estate, the person filing the claim is authorized by law to file this claim on behalf of the injured party, the injured party’s heirs, representatives, successors, assigns and estate.**

**If signed by the injured party, I (the injured party) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b). I also certify that I am aware that there are potential penalties for presenting a fraudulent claim that include a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.**

**If signed by the injured party’s personal representative, I (the personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b). I also certify that I am aware that there are potential penalties for presenting a fraudulent claim that include a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.**

Signature of the injured party, personal representative or attorney

Please print the name and relationship to the injured party of the signatory above.

Date:     /     /  
          MM DD YYYY

## Submission Checklist

For your convenience, below is a checklist of documents that *may* be required depending on the specific facts of the claim being submitted. Please consult the ER Instructions and the relevant sections of the claim form to determine if a particular document is, in fact, required.

- Death Certificate (if applicable)
- Letters of administration or other proof of the personal representative's official capacity as provided or allowed by applicable state law (if personal representative information is provided)
- For any litigation referenced in Part 4, the Face Sheet of the complaint or full caption of the case to confirm the information and show the names of the plaintiff(s) and defendant(s), including the name of the injured party
- Proof of Service (as defined in the ER Instructions) if litigation information provided and the claimant is seeking to prove that the claim is an unliquidated Pre-Established Claim as a result of being filed and served on NARCO or Honeywell as a defendant in the tort system prior to the Petition Date
- Medical reports to support the alleged disease. See the ER Instructions for the medical documentation required to support each Disease Level as outlined in Section 4.7 of the TDP. You must include the earliest qualifying medical documentation for the highest level disease claimed.
- Proof of exposure to NARCO asbestos-containing product(s)
- Proof of other requisite exposure to asbestos (if applicable)