

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

**Proof of Claim Form for
Unliquidated Claims to be
Processed Under Individual 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.

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 Individual Review (the "IR 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 IR 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 IR Instructions . If questions remain, please call the DCPF Help Line at 1-800-708-8925 for assistance. At any time during the Individual 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.

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) an 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: Individual Review (“IR”) processing is NOT available to get a value higher than Scheduled Value for Disease Level I (Other Asbestos Disease) or Disease Level II (Asbestosis/Pleural Disease). Also, Individual Review must be used for Disease Level V (Lung Cancer 2), Exigent, Extraordinary, Secondary Exposure, and Foreign claims.

Check if any of the following special situations apply to this claim:

Extraordinary

Exigent Health

Exigent Hardship

*(Note: **In addition to the restriction of IR processing**, other restrictions may apply; please review the IR Instructions and the TDP for details. Additional claim filing documents and information can be found on DCPF’s website (www.narcoasbestostrust.org)).*

Injured party's marital status at filing of claim, or if deceased, at time of death:

Married Single Divorced Widowed

If married with spouse/partner, please provide the following information:

Date of marriage or union (MM/DD/YYYY), if available: _____

Spouse's/Partner's First Name: _____ Last Name: _____

If injured party is LIVING and not represented by counsel

Mailing Address _____
Street Address

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

Daytime Telephone: _____ - _____
Area Code

E-mail Address: _____

If injured party is DECEASED

Last state of residence of injured party if known: _____ Date of Death: _____
(MM/DD/YYYY)

Was death asbestos related? (Check box)

Yes No

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 IR 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 2 (Level V)

Lung Cancer 1 (Level VI)

Mesothelioma (Level VII)

Other _____
(Identify injured party's "Other" diagnosis)

First Diagnosis Date

____/____/_____
MM DD YYYY

For Levels IV and VI, provide the date of diagnosis of underlying Bilateral Asbestos Related Nonmalignant Disease

____/____/_____
MM DD YYYY

PART 4: ASBESTOS-RELATED LITIGATION AND CLAIMS HISTORY
– MANDATORY, if applicable

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

Yes No

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

Part 4, Subpart A: Litigation History

For every asbestos-legal action filed on behalf of the injured party, identify the information requested below (including for cases that have been dismissed, discontinued, or otherwise resolved).

In addition, the claimant and the claimant’s law firm must attach to this Claim Form: the file-stamped copy of the complaint, as amended, any standard disclosures or interrogatories and the answers thereto required by the applicable jurisdiction, and any affidavits or deposition testimony submitted by or on behalf of the injured party. In addition to the submission of all documentation required by this Part 4, Subpart A, you must submit an affirmation in which you or your attorney affirm to the best of your (or your attorney’s) knowledge, information and belief, formed after an inquiry reasonable under the circumstances, that all documents required by Part 4 of the IR claim form have been submitted to DCPF as part of the claim file for this claim.

To the extent that affidavits or depositions from a person other than the injured party include information that bears on an injured party’s exposure to a NARCO asbestos-containing product (whether or not the affidavits or depositions mentioned NARCO) and were submitted on behalf of the injured party to a court, an insurance company, or an asbestos defendant in the tort system in an effort to support an asbestos claim, those affidavits and depositions must also be submitted. Such affidavits and depositions must be submitted regardless of whether they tend to support the claim of exposure to a NARCO asbestos-containing product. Affidavits and depositions that do not relate to the time period of the injured party’s exposure to a NARCO asbestos-containing product do not have to be submitted to the NARCO Trust, unless the affidavit or deposition: (1) names the injured party; and (2) contradicts the evidence of the injured party’s exposure to a NARCO asbestos-containing product. Affidavits that were submitted to other asbestos trusts only do not have to be submitted to the NARCO Trust.

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?¹

Yes No

If "yes," amount: \$ _____

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

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?³

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)

¹ Answering "Yes" to this question will require Pre-Established Unliquidated Review.

² Answering "Yes" to this question will require Pre-Established Unliquidated Review.

³ Answering "Yes" to this question will require Pre-Established Unliquidated Review.

Part 4, Subpart B: Claims History

Has a claim ever been filed on behalf of the injured party with any asbestos-related bankruptcy entity, asbestos-related trust, or asbestos-related claims resolution organization?

Yes No Decline to answer

If “yes,” provide the claim file and identify the following for each asbestos-related bankruptcy entity, asbestos-related trust, or asbestos-related claims resolution organization (attach additional pages if necessary):

Name and nature of entity with which the claim was made:	
Date Claim Filed: _____ (MM/DD/YYYY)	Amount of compensation, if any, received as a result of claim: \$_____

Name and nature of entity with which the claim was made:	
Date Claim Filed: _____ (MM/DD/YYYY)	Amount of compensation, if any, received as a result of claim: \$_____

**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.

Completing Part 5, Subpart C of this section is mandatory, to the extent applicable (i.e., if the claimant is aware of alternate exposures).

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 18 through 21.

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); use the 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.

If you are claiming an Extraordinary Claim, did the injured party’s asbestos exposure occur primarily from working at one or more manufacturing facilities of NARCO or its predecessors?

Yes No

If “yes,” state the dates that the injured party worked at one or more NARCO facilities:

Name of Facility	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
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If you are claiming an Extraordinary Claim, identify the percentage of the injured party’s total asbestos exposure that arises from NARCO asbestos-containing products: _____%

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, Social Security or International Id number (if available), and his/her relationship to the injured party:

First Name: _____ Last Name: _____

Social Security Number (if available): _____ - ____ - _____ OR

International Id (if available): _____

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

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

Exposure to Other Substances, Subpart C:

If injured party's Disease Level is Level III – VI, as per the "Diagnosed Injuries" section in Part 3, then state, to the best of your knowledge, whether the injured party has ever been exposed to any of the following substances during the course of any employment that may have contributed to the injured party's Disease Level.

- | | | | |
|---------------|----------------|---------------|-------------------|
| (a) arsenic | (e) coal dust | (h) lead | (k) silica |
| (b) beryllium | (f) coal tar | (i) nickel | (l) talc |
| (c) cadmium | (g) fiberglass | (j) radiation | (m) welding fumes |
| (d) chromium | | | |

If "yes," please describe the circumstances of such exposure.

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 18 through 20.

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:

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 IR 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: ADDITIONAL INFORMATION

Injured Party's Tobacco History (Required for all claims except Mesothelioma)

Has the injured party ever used tobacco products? (Check box)

Yes No

If "yes" to the question above, please identify each period in which the injured party used tobacco products and the average number of packs, cigars, or pipes per day. If you are not totally certain as to the injured party's history please estimate to the best of your abilities. Attach additional pages if necessary.

Product Type	Start Date (MM/DD/YYYY)	Quit Date (MM/DD/YYYY)	Packs/Cigars/Pipes/ Chews Per Day
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Chewing Tobacco			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Chewing Tobacco			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Chewing Tobacco			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Chewing Tobacco			

Employment/Earnings Information

Are you basing the claim value, in whole or in part, on economic losses?

Yes No

If “yes,” answer the following questions, and provide an economist report, IRS Form W-2, IRS Form 1040, or other credible evidence.

Identify Injured Party’s Current Employment Status:

Full-Time Part-Time Retired Partially Disabled Totally Disabled Deceased

Amount of Last Annual Wages: \$ _____

Date last wages received: _____
(MM/DD/YYYY)

If you are claiming loss of earnings or impairment of earning power because of injured party’s medical conditions, state the following to the extent not provided in other documentation submitted to the NARCO Asbestos Trust:

Identify all medical conditions of any kind, whether asbestos related or not, that potentially contributed to the injured party’s loss or impairment and the date of commencement of any loss or impairment:

Medical Condition	Start Date of Loss or Impairment (MM/DD/YYYY)	End Date of Loss or Impairment (MM/DD/YYYY)	Total Wage Loss if asbestos-related

PART 8: 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 IR Instructions and the relevant sections of the claim form to determine if a particular document is, in fact, required.

- Death Certificate (if applicable)
- If the Claimant's Jurisdiction is based on Current Residence, documentation supporting the Claimant's Jurisdiction election (for example, a copy of a driver's license, passport, or other proof of residence (including but not limited to a copy of a deed, lease, utility bill, etc.)) or, if such documentation is not available, an affidavit explaining the Claimant's Jurisdiction election and the reason(s) why documentation is not available.
- 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, Subpart A, the file-stamped copy of the complaint, as amended, any standard disclosures or interrogatories and the answers thereto required by the applicable jurisdiction, and any affidavits or deposition testimony submitted by or on behalf of the injured party. In addition to the submission of all documentation required by Part 4, Subpart A, you must submit an affirmation in which you or your attorney affirm to the best of your (or your attorney's) knowledge, information and belief, formed after an inquiry reasonable under the circumstances, all documents required by Part 4 of the IR claim form have been submitted to DCPF as part of the claim file for this claim.
- To the extent that affidavits or depositions from a person other than the injured party include information that bears on an injured party's exposure to a NARCO asbestos-containing product (whether or not the affidavits or depositions mentioned NARCO) and were submitted on behalf of the injured party to a court, an insurance company, or an asbestos defendant in the tort system in an effort to support an asbestos claim, those affidavits and depositions must also be submitted. Such affidavits and depositions must be submitted regardless of whether they tend to support the claim of exposure to a NARCO asbestos-containing product. Affidavits and depositions that do not relate to the time period of the injured party's exposure to a NARCO asbestos-containing product do not have to be submitted to the NARCO Trust, unless the affidavit or deposition: (1) names the injured party; and (2) contradicts the evidence of the injured party's exposure to a NARCO asbestos-containing product. Affidavits that were submitted to other asbestos trusts only do not have to be submitted to the NARCO Trust.
- If you disclose claims in Part 4, Subpart B, provide the claim file for each asbestos-related bankruptcy entity, asbestos-related trust, or asbestos-related claims resolution organization to which a claim has been submitted on behalf of the injured party.
- Proof of Service (as defined in the IR 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 IR 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)
- Proof of dependent's annual income (if claiming dependents), if known and if any
- Proof of Economic Loss when Economic Loss claimed (i.e. an economist report, IRS Form W-2, IRS Form 1040, or other credible evidence).
- If you are filing an Exigent Health Claim, you must submit the physician's affidavit required by Section 4.4(b)(1) of the TDP.
- If you are filing an Exigent Hardship Claim, you must complete the Application for Classification as Exigent Hardship Claim which is available on DCPF's website (www.narcoasbestostrust.org).