

North American Refractories Company Asbestos Personal Injury Settlement Trust

Claim Form for Liquidated Pre-Established Claims Subject to Settlement Agreements and Pre-Petition Judgments

Submit Completed Claims to:

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

For information on filing electronically, please call the DCPF help line at the above numbers or e-mail us at: claimantrelations@delcpf.com

Law Firm Administrative Contact
for this Claim, if applicable:

Name: _____

Telephone Number: _____

Title: _____

E-mail address: _____

Law Firm: _____

IMPORTANT INFORMATION REGARDING THE USE OF THIS FORM

This Claim Form for Liquidated Pre-Established Claims Subject to Settlement Agreements and Pre-Petition Judgments should be completed **ONLY** for liquidated NARCO Asbestos Trust Claims that are subject to (i) a binding settlement agreement entered into with North American Refractories Company (“NARCO”) prior to January 4, 2002 (the “Petition Date”) for the particular claim, (ii) a binding settlement agreement entered into with Honeywell after the Petition Date but prior to April 30, 2013 (the “Effective Date”) for the particular claim, or (iii) a judgment against NARCO or Honeywell that became final and non-appealable prior to the Petition Date. The claim is liquidated if the settlement agreement or judgment fixes a specific amount that NARCO, Honeywell or the North American Refractories Company Asbestos Personal Injury Settlement Trust (the “Trust”) is obligated to pay the claimant. If you have a claim that has not been liquidated, you will need to complete the Proof of Claim Form for Annual Contribution Claims and Unliquidated Pre-Established Claims.

If you have questions regarding the use of this form, please contact the DCPF help line at 1-800-708-8925.

PART 1: INJURED PARTY INFORMATION - MANDATORY

Name: _____
 First Middle Initial Last Jr. Sr. etc

Social Security Number: _____ - _____ - _____

OR

International Id: _____

Gender: (check box) Male Female

Date of Birth: _____
 (MM/DD/YYYY)

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

Date of Death: _____
 (MM/DD/YYYY)

PART 3: CLAIM INFORMATION – MANDATORY, where applicable

Did the law firm represent the injured party at the time of liquidation? Yes No

In what name was the claim liquidated?

First

Middle Initial

Last

Jr. Sr. etc

What was the injured party's state of residence at the time of liquidation?

Please provide the earliest date of exposure to an asbestos-containing product: _____
(MM/DD/YYYY)

Check the box that indicates the most serious asbestos related injury that is being alleged:

Non-malignancy

Other Cancer:

Colorectal Laryngeal Esophageal Pharyngeal Stomach Cancer

Lung Cancer Mesothelioma

Date of injured party's first diagnosis of an asbestos-related disease: _____
(MM/DD/YYYY)

Claim amount as fixed or liquidated under the settlement agreement or pursuant to final judgment: \$_____. If a portion of the claim has already been satisfied and/or the Trust is not liable for payment of the entire claim amount, specify the unpaid portion of the claim which claimant alleges the Trust is responsible for paying: \$_____.

Date claim was established by final judgment, or by settlement agreement:

(MM/DD/YYYY)

If the claim was established by judgment, is the judgment subject to a motion for new trial or appeal? Yes No

Is claim secured by letter of credit, appeal bond or other security or surety? Yes No

If Yes, provide the following information:

Nature of the security: _____

Amount of security: \$ _____

Person or entity posting the security:

Name: _____
 First Middle Initial Last Jr. Sr. etc

Address: _____

Telephone Number: _____

PART 4: 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.

After an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of the injured party, personal representative or attorney

Print Name

Date

Signatory's Relationship to the injured party

SUPPORTING DOCUMENTATION CHECKLIST:

Attach the following supporting documentation to the completed claim form:

- 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)**
- Executed release**

AND one of the following:

- Copy of the settlement agreement entered into with NARCO prior to the Petition Date signed by both NARCO and the claimant, including all documentation required under the terms of the agreement; OR**
- Copy of the judgment against NARCO or Honeywell, including documentation establishing that the judgment was entered by the applicable court prior to the Petition Date and that the judgment is final and non-appealable**