

# Geo. V. Hamilton, Inc. Asbestos Trust

## Claim Form for Unliquidated Geo. V. Hamilton, Inc. Asbestos Trust Claims

### General Instructions for filing this Claim Form:

This Claim Form should be completed only by holders of Unliquidated Geo. V. Hamilton, Inc. Asbestos Claims seeking to liquidate their claim under the Geo. V. Hamilton, Inc. Asbestos Trust (the "Trust") Expedited Review process as set forth in Section 5.3 of the Geo. V. Hamilton, Inc. Asbestos Trust Distribution Procedures (the "TDP"), as such may be amended.<sup>1</sup>

This claim form must be completed as thoroughly as possible to ensure prompt resolution of claims; *submitting an incomplete form may result in delays in processing and/or the Trust not being able to assign the claim a position in the first-in-first-out (FIFO) processing queue.* Please type or print neatly within the spaces provided. If additional space is required to provide all relevant information, please attach additional copies of the relevant section of this form.

### Notice of Filing Fee:

A filing fee of \$30 must be submitted with this claim. The claim will not be deemed to be filed with the Trust unless the filing fee is remitted within 60 days of submitting the claim form to the Trust.

The filing fee should be submitted electronically or via a check made payable to Geo. V. Hamilton, Inc. Asbestos Trust.

**If the claimant is a holder of a Pre-Petition Liquidated Claim, as defined in the Claims Form Instructions, the claimant is required to complete only Sections 1 through 4, and 7 and 10.**

### Section 1: Review of Claim

Check the box next to the review election which best suits the injured party's situation:

- Expedited
- Pre-Petition Liquidated Claim

Please check if the following applies to the claim:

- Secondary Exposure
- Approved APG Claim

<sup>1</sup> Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

**Section 2: Injured Party Information**

|   |                            |                            |  |  |  |  |  |
|---|----------------------------|----------------------------|--|--|--|--|--|
| Last Name   |                            | First Name                 |  | Middle Name                              |  | Suffix                                     |  |
| Social Security Number or International ID Number | Date of Birth (mm/dd/yyyy) | Gender<br>Male      Female |  | Date of Death (mm/dd/yyyy) (if deceased) |  | Was death asbestos related?<br>Yes      No |  |
| Mailing Address (if not represented by counsel)   |                            |                            |  |  |  |  |  |
| City  |                            | State                      |  | Zip                                      |  | Daytime Telephone                          |  |

**Section 3: Law Firm / Attorney Information**

*If represented by counsel, please provide the following information:*

|                      |  |                       |           |                  |  |
|----------------------|--|-----------------------|-----------|------------------|--|
| Law Firm Name        |  |                       | EIN       |                  |  |
| Mailing Address      |  |                       |           |                  |  |
| City                 |  | State                 |           | Zip Code         |  |
| Attorney Last Name   |  | Attorney First Name   |           | Direct Telephone |  |
| Para/Admin Last Name |  | Para/Admin First Name |           | Direct Telephone |  |
| E-mail               |  |                       | Facsimile |                  |  |

**Section 4: Personal Representative (if applicable)**

|                                   |  |  |  |             |  |                   |  |
|-----------------------------------|--|--|--|-------------|--|-------------------|--|
| Last Name                         |  | First Name   |  | Middle Name |  | Suffix            |  |
| Social Security Number (optional) |  | Capacity of Personal Representative (i.e. Administrator, Executor, Guardian, etc.) |  |             |  |                   |  |
| Mailing Address                   |  |  |  |             |  |                   |  |
| City                              |  | State  |  | Zip         |  | Daytime Telephone |  |

**Certificate of Official Capacity or other estate documentation must be enclosed if available.**

**If no Certificate of Official Capacity or other estate documentation is available per state law, attorney must provide official representative certification by signing below:**

*Attorney certifies that this claim is filed on behalf of the Official Representative acting for the Injured Party and that the Official Representative has official capacity to file this claim based on the operation of law.*

Signature of Attorney: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### Section 5: Asbestos Related Injury

Check the box next to the highest disease level the injured party is claiming.

| Disease Level  |  |  |
|--|--|--|
| <input type="checkbox"/> Severe Asbestosis (Level I) | Other Cancer (Level II)<br><input type="checkbox"/> Colorectal<br><input type="checkbox"/> Laryngeal<br><input type="checkbox"/> Esophageal<br><input type="checkbox"/> Pharyngeal<br><input type="checkbox"/> Stomach | <input type="checkbox"/> Lung Cancer 2 (Level III) |
|  |  | <input type="checkbox"/> Lung Cancer 1 (Level IV)  |
|  |  | <input type="checkbox"/> Mesothelioma (Level V)    |
|  |  |  |
| Date of Diagnosis (mm/dd/yyyy):                      |  |  |
|  |  |  |

## Section 6: Asbestos Litigation History

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

Yes  
N  
o

If yes, please provide the following information:

1a. Was a GVH Entity named as defendant? Yes No  
(month) (day) (year)

1c. State:

1d. Court:

1e. Case Number:

1f. Has the injured party ever received money from a GVH Entity or its insurers regarding this suit? Yes No

1g. Did the injured party sign a release releasing a GVH Entity regarding this suit? Yes No

If yes, please provide a copy of the release.

2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered? Yes No

If yes, provide the name(s) of the party(ies) against whom the judgment was entered (or provide a copy of the judgment):

3. If the answer to question 1 above is No, in which state/jurisdiction would the claim qualify to be evaluated

(State/Jurisdiction)

Jurisdiction elected is (please check one of the following):

The state/jurisdiction in which the injured party was domiciled at the time of the diagnosis.

The state/jurisdiction in which the injured party was domiciled at the time of filing this claim form.

A state/jurisdiction in which the injured party was exposed to an asbestos-containing product for which a GVH Entity has legal responsibility.

4. Has a claim on behalf of the injured party ever been submitted to GVH pursuant to an administrative settlement agreement? Yes No

If yes, provide the date of such submission (mm/dd/yyyy):

5. Was the injured party or claimant a party to a tolling agreement with GVH? Yes No

If yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement.

Beginning date (mm/dd/yyyy): Ending date (mm/dd/yyyy):

6. Was the injured party or claimant a holder of a Pre-Petition Liquidated Claim against GVH which the injured party or claimant has elected to abandoned and instead file a claim with the Trust to be liquidated under Section 5.3 of the TDP?

Yes  
N

### Section 7: Pre-Petition Liquidated claim

Describe the nature of the Injured Party's asbestos-related disease:

|               |              |
|---------------|--------------|
| Non-Malignant | Other Cancer |
| Lung Cancer   | Mesothelioma |

|                             |  |
|-----------------------------|--|
| Diagnosis Date (mm/dd/yyyy) | Date claim was established by verdict, judgment or settlement agreement (mm/dd/yyyy) |
|-----------------------------|--|

Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$

### Section 8: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to asbestos-containing products and/or conduct for which a GVH Entity has legal responsibility. If the duration of the injured party's GVH Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure if required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry, and occupation combination separately. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required. Meaningful and credible evidence of exposure may be established by documentation including, but not limited to, the following:

- An affidavit or sworn statement of the injured party
- An affidavit or sworn statement of a co-worker
- An affidavit or sworn statement of a family member in the case of a deceased injured party
- Invoices, employment, construction or similar records
- Interrogatory answers, sworn work history, or deposition testimony by the injured party, a co-worker, or a family member (if the injured party is deceased)

Note: If the claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, Section 8 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Section 8 must also be completed for that exposure.

#### Part 1: Exposure

|  |                       |            |         |  |
|--|-----------------------|------------|---------|--|
| Start Date (mm/dd/yyyy)  | End Date (mm/dd/yyyy) | Occupation |         |  |
| Was the injured party exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the injured party alleges a GVH Entity has legal responsibility? |                       |            |         |  |
| Yes                      No  |                       |            |         |  |
| Site of Exposure (plant or site name)  | City                  | State      | Country |  |
| Industry in which exposure occurred  |                       |            |         |  |
| Names of all asbestos-containing products to which the injured party was exposed and for which the claimant alleges a GVH Entity has legal responsibility:                           |                       |            |         |  |
| Description of Exposure:   |                       |            |         |  |

Significant Occupational Exposure. The occupationally exposed person was employed for a cumulative period of at least five years in an industry and occupation in which:

- The occupationally exposed person handled raw asbestos fibers on a regular basis
- The occupationally exposed person fabricated asbestos-containing products so that the occupationally exposed person in the fabrication process was exposed on a regular basis to raw asbestos fibers
- The occupationally exposed person altered, repaired, or otherwise worked with an asbestos-containing product such that the occupationally exposed person was exposed on a regular basis to asbestos fibers
- The occupationally exposed person was employed in an industry and occupation such that the occupationally exposed person worked on a regular basis in close proximity to workers engaged in one or more of the above three activities

If the claimant alleges secondary exposure, please enter the name of the occupationally exposed individual to whom the injured party was exposed:

Name:

**Section 9: Secondary Exposure (required only for Claims based on Secondary Exposure)**

If the injured party's asbestos exposure was based solely on exposure to an occupationally exposed person (OEP), complete Section 8 for the OEP and provide the information below:

OEP's Relationship to Injured Party (e.g., spouse, father, brother):

Date Injured Party's Exposure to OEP Began (mm/dd/yyyy)

Date Injured Party's Exposure to OEP Ended (mm/dd/yyyy)

Social Security Number of OEP

Describe how the injured party was exposed through the OEP to asbestos-containing product and/or conduct for which the claimant alleges a GVH Entity has legal responsibility:

## Section 10: Certification and Signature

***This claim form must be signed by an attorney or by the claimant if not represented by an attorney.***

If signed by the claimant, I (the claimant) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. To the best of my knowledge, under penalty of perjury, the information submitted is accurate and complete.

If signed by the claimant's counsel, I (counsel to the claimant) certify that the information and materials with respect to this claim are being submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure.

|  |                   |
|--|-------------------|
| Signature of Claimant or Claimant's Attorney | Date (mm/dd/yyyy) |
| Print Name Here                              |                   |
| Signatory's Relationship to Injured Party    |                   |

***To file by mail, send this completed form and all supporting documentation to:***

Geo. V. Hamilton, Inc. Asbestos Trust  
c/o Verus, LLC  
3967 Princeton Pike  
Princeton, NJ 08540  
Phone: (888) 681-1129  
Email: trustsupport@verusllc.com

## Section 11: Checklist of Supporting Documentation

***Please attach the following supporting documentation to the completed claim form.***

*For all claimants as set forth in the filing instructions and required by the TDP:*

Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).

Proof of GVH Exposure and Significant Occupational Exposure, if applicable.

*Other supporting documentation, as applicable:*

Certificate of Official Capacity or other estate documentation must be enclosed if available per state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.

Copy of tolling agreement (if applicable under Section 6).

*For deceased injured parties:*

Death certificate.