

A-Best Asbestos PI Trust Claim Form

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General Instructions for filing this Claim Form:

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 may not be able to assign the claim a position in the 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.

Section 1: Injured Party Information				Firm's Matter Number for this Claim:			
Last Name			First Name		Middle Name		Suffix
Social Security Number or Foreign Tax ID		Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Death (mm/dd/yyyy)	Was death asbestos related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if not represented by counsel)						Daytime Telephone	
City		State	ZIP Code	Country		Email Address	

Section 2: Law Firm / Attorney Information

If the injured party is represented by counsel, please provide the following information:

Law Firm Name						Filer ID	
Mailing Address							
City				State		ZIP Code	
Attorney Last Name			Attorney First Name				
Direct Telephone		Facsimile			Email Address		

Section 3: Asbestos Related Injury

Check the box next to the highest Disease Level the injured party is claiming.

Disease Level <input type="checkbox"/> Other Cancer (Level V) <input type="checkbox"/> Lung Cancer 1 (Level VII) <input type="checkbox"/> Mesothelioma (Level VIII) <input type="checkbox"/> Non-Malignancy							
Diagnosis Date (mm/dd/yyyy)		If Other Cancer (Level V), please specify malignancy:					

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Section 4: Personal Representative *(if injured party is deceased or incompetent)*

Last Name	First Name	Middle Name	Suffix
Social Security Number or Foreign Tax ID	Capacity of Personal Representative <i>(i.e. Administrator, Executor, Guardian, etc.)</i>		
Mailing Address <i>(If injured party is not represented by counsel)</i>			Daytime Telephone
City	State	ZIP Code	Country

Section 5: Asbestos Litigation

If an asbestos-related lawsuit has ever been filed on behalf of the injured party, provide the following information:

File Date (mm/dd/yyyy)	State	Court
Docket Number	A-Best Named? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 6: Occupational Exposure to Asbestos Products

Provide the information below for each location at which claimant alleges exposure to asbestos occurred. Please include detail for all asbestos exposure which you think is sufficient to meet the criteria for the approval of the claim at the claimed disease level.

Exposure Site 1

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code
Site of Exposure (i.e. Plant or Site Name)		City	State Country
Industry in which exposure occurred:		If Other, please specify	
Name of all A-Best products to which injured party was exposed			
Describe the circumstances of asbestos exposure:			

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Section 6: Occupational Exposure to Asbestos Products (Cont'd)

Exposure Site 2

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code
Site of Exposure (i.e. Plant or Site Name)		City	State Country
Industry in which exposure occurred (see Exhibit A for list of Industry Codes):		If Other, please specify	
Name of all A-Best products to which injured party was exposed			
Describe the circumstances of asbestos exposure:			

Exposure Site 3

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code
Site of Exposure (i.e. Plant or Site Name)		City	State Country
Industry in which exposure occurred (see Exhibit A for list of Industry Codes):		If Other, please specify	
Name of all A-Best products to which injured party was exposed			
Describe the circumstances of asbestos exposure:			

Section 7: Secondary Exposure

If the injured party's asbestos exposure was due in whole or in part to exposure to an Occupationally Exposed Person, complete Section 6, Part 1 with the exposure information for the occupationally exposed person, and provide the information below:

Date Exposure to Other Person Began (mm/dd/yyyy)	Date Exposure to Other Person Ended (mm/dd/yyyy)	Relationship to Occupationally Exposed Person	SSN of Occupationally Exposed Person
Description of how injured party was exposed to Kaiser Products through Occupationally Exposed Person:			

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Section 8: Certification and Signature

This claim form must be signed by the claimant's attorney, or if not represented by an attorney, the claimant or his/her personal representative.

I have reviewed the information provided on this claim form, and all documents submitted in support of this claim. I hereby certify, under penalty of perjury, that this information is accurate and complete to the best of my knowledge, and that all available documentation has been provided as required by the Trust Distribution Procedures and the claimant has not previously relinquished his or her rights to such a claim against the A-Best Company, Inc. or against the A-Best Product Asbestos Trust.

Signed	Date Signed
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Print Name Here

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

A-Best Trust
c/o Verus Claims Services, LLC
57 Hamilton Avenue, Suite 100
Hopewell, NJ 08525

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Section 9: Checklist of Supporting Documentation

Please attach the following supporting documentation to the completed claim form:

For living and deceased claimants:

- Medical records supporting the diagnosis of the claimed Disease Level
- Proof of A-Best product exposure, as required by the TDP

For all deceased claimants:

- Death certificate
- Letters of Administration or other proof of personal representative's official capacity