

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

**Proof of Claim Form
for
Unliquidated Claims**

Submit Completed Claims to:

Claims Resolution Management Corporation
3120 Fairview Park Drive, Suite 200
Falls Church, VA 22042
(703) 204-9300
(800) 536-2722

For information on filing electronically, please call the CRMC Help Line at the above numbers or e-mail us at: inquiry@claimsres.com

Law Firm Administrative Contact
for this Claim:

Name: _____

Telephone Number: _____

Title: _____

E-mail address: _____

Law Firm: _____

Please carefully review the instructions booklet prior to completing this claim form. Submission of the claim form constitutes a confirmation that the preparer of the claim form has reviewed the instructions booklet.

ELECTION PROCESS:

The election 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 Instructions booklet. If questions remain, please call CRMC Help Line at 1-800-536-2722 for assistance.

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) a 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 Procedures (the “TDP”).

Check if any of the following special situations apply to this claim (if they do, you MUST elect Individual Review (“IR”) as your review process):

- Extraordinary Exigent Health Exigent Hardship

(Note: In addition to the restriction of IR processing, other restrictions may apply; please review the Instructions booklet or the TDP for details.)

Elect the desired review process by checking ONE of the following:

- Expedited Review (“ER”) Individual Review

(Note: ER is NOT available for Disease Level V, Lung Cancer 2; Exigent; Extraordinary; Secondary Exposure Claims or Foreign Claims. An IR election is NOT available for Disease Level I, Other Asbestos Disease or Disease Level II, Asbestosis/Pleural Disease except in the case of Secondary Exposure Claims or Foreign Claims.)

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)

Current state of residence: _____

Country if outside of the US: _____

Claimant's Jurisdiction election: _____

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

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.

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 2: LAW FIRM/ATTORNEY INFORMATION – MANDATORY, if applicable

IF AN ATTORNEY IS REPRESENTING THIS INJURED PARTY, COMPLETE THIS SECTION:

Law Firm Name: _____

Attorney Assigned: _____

Telephone: _____ - _____ Fax: _____ - _____
Area Code Area Code

E-mail address: _____

**Mailing Address
For Claim-Related
Correspondence:**

Street Address

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

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 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)

First Diagnosis Date

____/____/_____
MM DD YYYY

PART 4: 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. If no, proceed to PART 5.

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 claimant's alleged asbestos-related injury arose, in whole or in part, from exposure to NARCO asbestos-containing products? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the injured party ever received settlement monies related to this lawsuit from NARCO, Honeywell or their insurers based upon the allegations that the claimant's alleged asbestos-related injury arose, in whole or in part, from exposure to NARCO asbestos-containing products? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate date of submission: _____ (MM/DD/YYYY)			
Was the injured party or claimant a party to a tolling agreement with NARCO or Honeywell? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement. Beginning date: _____ Ending date: _____ (MM/DD/YYYY) (MM/DD/YYYY)			

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

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.

When indicating Industry, Occupation and Product code(s) use the codes listed on pages 13 through 16; the acceptable Worksite List code(s) are available in Attachment A to the Instruction booklet and also at the CRMC website (www.claimsres.com) under the Documents tab.

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 13 through 16.

From: _____ **To:** _____
MM YYYY MM YYYY

Industry Code: _____

If Code 25 – Please describe: _____

Occupation Code (select the closest): _____

Comment: _____

Worksite List Code: _____ (The acceptable Worksite List codes are available on the CRMC website under the Documents tab; use the code “NQ” Not Qualified to indicate an exposure site that is not on the list.)

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: Bystander – secondary exposure, including family member.

Enter the dates that the injured party was exposed to the occupationally exposed person (the other 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 Instructions booklet.

If the claimant 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 is mandatory if Part 6 must be completed. It should reflect all periods of exposure to asbestos by an occupationally, or directly, exposed person necessary to meet the applicable requirements of the TDP. 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).

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.

When indicating Industry and Occupation code(s) use the codes listed on pages 13 through 15.

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 13 through 15.

From: _____ **To:** _____
MM YYYY MM YYYY

Industry Code: _____
If Code 25 – Please describe: _____

Occupation Code (select the closest): _____
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: Bystander – secondary exposure, including family member.

Enter the dates that the injured party was exposed to the occupationally-exposed person (the other 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 6, in the instructions booklet.

If the claimant 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:

- | | |
|--|------------------------------------|
| 01. Abatement Worker | 43. Electrician Helper |
| 02. Acoustical Worker | 44. Elevator Construction Worker |
| 03. Air Conditioning
Installer/Repairer | 45. Erector |
| 04. Asbestos Worker | 46. Final Construction Inspector |
| 05. Beamer | 47. Fireman |
| 06. Boiler Coverer | 48. Floor Tile/Linoleum Layer |
| 07. Boiler Inspector | 49. Floor Tile Installer |
| 08. Boiler Insulator | 50. Furnace Installer/Repairer |
| 09. Boiler Operator | 51. Furnace Worker |
| 10. Boiler Repairer | 52. Glazier |
| 11. Boiler Tender | 53. Hammer Driver |
| 12. Boiler Worker | 54. Heat System Installer/Repairer |
| 13. Boilermaker | 55. Heating Insulator |
| 14. Boilerman | 56. Heating Worker |
| 15. Brick Gang | 57. Hod Carrier |
| 16. Brick Mason | 58. HVAC Installer/Repairer |
| 17. Brick Room Helper | 59. Industrial Electrician |
| 18. Bricklayer | 60. Insulation Apprentice/Helper |
| 19. Brickman | 61. Insulation Machinist |
| 20. Building Remodeler | 62. Insulation Worker |
| 21. Burner | 63. Insulator |
| 22. Carpenter | 64. Ironworker |
| 23. Caulker | 65. Laborer |
| 24. Ceiling Tile Installer | 66. Lather |
| 25. Cement Finisher | 67. Lagger |
| 26. Cement Worker | 68. Locksmith |
| 27. Chipper | 69. Machinist |
| 28. Chipper & Grinder | 70. Maintenance Mechanic |
| 29. Concrete Laborer | 71. Mason |
| 30. Concrete Worker | 72. Mason Tender |
| 31. Construction Laborer | 73. Millwright |
| 32. Construction Mechanic | 74. Mortar Mixer |
| 33. Construction Superintendent | 75. Paint Mixer |
| 34. Construction Worker | 76. Painter |
| 35. Contractor | 77. Pile Driver |
| 36. Coppersmith | 78. Pipe Carrier |
| 37. Crane Operator | 79. Pipe Coverer |
| 38. Demolition Worker | 80. Pipe Cutter |
| 39. Drywall Applicator | 81. Pipe Foreman |
| 40. Drywall Taper | 82. Pipe Grinder |
| 41. Electrical Technician | 83. Pipe Hanger |
| 42. Electrician | 84. Pipe Insulator |
| | 85. Pipe Layer |

86. Pipe Racker
87. Pipe Repairer
88. Pipe Stripper
89. Pipe Welder
90. Pipefitter
91. Pipefitter Helper
92. Plasterer
93. Plumber
94. Potroom Worker
95. Pourer
96. Refrigeration/HVAC
Equipment Installer/Repairer
97. Rigger
98. Rivet Bulker
99. Riveter
100. Roofer
101. Sheetmetal Mechanic
102. Sheetmetal Worker
103. Sheetrock Hanger
104. Shingle Catcher
105. Siding Erector
106. Soundproofing Installer
107. Spray Insulator
108. Steamfitter
109. Structural Worker
110. Telephone Cable Insulator and
Installer
111. Tile Grinder
112. Tile Helper
113. Tile Installer
114. Tile Layer
115. Tile Mechanic
116. Tile Operator
117. Tile Worker
118. Vinyl Asbestos Floor Tile
Worker
119. Weld Checker
120. Welder
121. Welding Assistant
122. Welding Helper
123. Welding Inspector
124. Welding Instructor
125. Welding Foreman
126. Other

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
- 

**PART 7: ADDITIONAL INFORMATION FOR CLAIMANTS SEEKING
INDIVIDUAL REVIEW – MANDATORY FOR ALL ELECTED AND REQUIRED IR
CLAIMS (see note on page 2 for list of claims that require IR)**

Smoking History (Required for all claims except Mesothelioma.)

Has the Injured Party ever smoked tobacco products? (Check box)

Yes No

If “Yes” to the question above, please identify each period in which the injured party smoked 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	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes			

Employment/Earnings Information

If you are claiming economic losses you must provide an economist report, IRS Form W-2, IRS Form 1040, or other credible evidence.

Is economic loss being claimed?

Yes No

Identify the 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)

Financial Dependents

Identify the Injured Party’s spouse and any other financial dependents at the time of diagnosis. Attach additional pages if necessary.

Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)	Relationship to Injured Party
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____
				<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Heir <input type="checkbox"/> Other _____

Other Factors for Consideration:

In this section, please explain any other factors which should be considered.

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. I hereby certify, under penalty of perjury, the information submitted is accurate.

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. Upon information and belief, I hereby certify, under penalty of perjury, the information submitted is accurate.

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

- 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)
- Face Sheet or first pages showing full caption of complaint when litigation information is provided
- Proof of Service (as defined in the 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
- Proof of exposure to NARCO product(s)
- Proof of other requisite exposure to Asbestos (if applicable)
- Proof of Economic Loss when IR elected and Economic Loss claimed