

**RAPID-AMERICAN
ASBESTOS PERSONAL INJURY LIQUIDATING TRUST
PROOF OF CLAIM FORM**

Submit completed claims to:
Rapid-American Asbestos Personal Injury Liquidating Trust
P.O. Box 1190
Wilmington, Delaware 19899-1190

Instructions for the Claim Form

File your claim more efficiently. Submit and manage your claim electronically through the Rapid-American Asbestos Personal Injury Liquidating Trust's (the "Trust") website. (www.rapidamericanasbestostrust.com) for more information.

Note: It is possible that claim data previously submitted to the Celotex Asbestos Settlement Trust (the "Celotex Trust") can be used to expedite the preparation and review of claims for the Trust. Doing so will reduce the work necessary to file a claim and minimize the time it takes to review the claim. Please visit the Trust's website (www.rapidamericanasbestostrust.com) for information on how to make use of this data.

Please complete this claim form as thoroughly and accurately as possible. Please type or print neatly. Should there be insufficient space to list all relevant information, please attach additional sheets. In addition to filing this form, please ensure the following are enclosed:

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law
- Medical records as required by the Trust Distribution Procedures of the Rapid-American Asbestos Personal Injury Liquidating Trust (the "TDP") and as requested in instructions
- Proof of exposure (i.e., qualifying exposure to Philip Carey Manufacturing Company ("Philip Carey") asbestos-containing products prior to June 1, 1967 for which Rapid American Corporation has legal responsibility, as defined below as Rapid-American Liability and as set out in the instructions)

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Part 2: Diagnosed Asbestos-related Injuries

1. Place an X next to the highest level (most serious) asbestos-related Disease Level that has been diagnosed for the injured party and for which medical documentation is attached to this claim form. See instructions for a list of specific medical criteria and records that must be enclosed for each Disease Level. **(Check only the most serious)**

	<u>Level</u>	<u>Scheduled Disease</u>
<input type="checkbox"/>	IV	Mesothelioma
<input type="checkbox"/>	III	Lung Cancer
<input type="checkbox"/>	II	Other Cancer (Please specify: _____)
<input type="checkbox"/>	I	Other Asbestos Disease

2. Date of Diagnosis: ____/____/____
(month) (day) (year)

The claims must meet the relevant medical criteria and be supported by appropriate medical documentation as defined in the TDP. The presumptive medical criteria for the Disease Levels set forth above are included in the instructions.

For claims filed against Rapid-American Corporation (“Rapid-American”) or any other asbestos defendant in the tort system prior to the Petition Date (March 8, 2013), please check this box if you have a report of a diagnosing physician who conducted the physical exam of the claimant, or you have filed such a report with Rapid-American or another defendant in the tort system or another asbestos-related personal injury settlement trust. (see Sections 4.4(a)(1)(a) and 4.4(a)(1)(c) of the TDP)

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Part 3: Exposure to Asbestos Operations, Activities or Products

If a claimant holds a paid Celotex Trust Claim and the claimant's Celotex Trust claim form contains sufficient information to establish that the claimant meets the Rapid-American Medical and/or Exposure Criteria, please check the box below and provide the Celotex Trust paid claim number. Checking this box grants the Trust permission to review the claimant's Celotex Trust claim file to expedite review of the claimant's medical and exposure information.

Celotex Trust Settled Claim # _____ (Enter Celotex Trust paid claim number)

If the claimant has a paid Celotex Trust claim that does not include sufficient information regarding exposure prior to June 1, 1967 to Philip Carey asbestos-containing products, Part 3 of the Claim Form must be completed to establish the Injured Party's Rapid-American Liability.

Proof of Significant Occupational Exposure ("SOE") to asbestos-related products as well as proof of Rapid-American Liability (e.g., *qualifying exposure prior to June 1, 1967 to Philip Carey asbestos-containing products, as defined below and as set out in the instructions*) must be enclosed as required by TDP Sections 4.3 and 4.4(a)(1)(b). (See instructions) ***Please photocopy this section and list separately each company site, industry, and occupation combination upon which you rely to meet the exposure requirements of the TDP.***

Rapid-American Liability is defined as qualifying exposure prior to June 1, 1967 to Philip Carey asbestos-containing products. TDP Section 4.4(b)(3) provides that "[t]he Claimant must demonstrate meaningful and credible exposure, which occurred prior to June 1, 1967, (a) to an asbestos-containing product manufactured, sold, supplied, produced, distributed, released, advertised or marketed by Rapid-American or for which Rapid-American otherwise has legal responsibility, or (b) to conduct for which Rapid-America has legal responsibility that exposed the Claimant to an asbestos-containing product."

Please include detail concerning all asbestos exposure (not just Rapid-American Liability) which you think is sufficient to meet the criteria for approval of the claim at the claimed Disease Level. List each site, industry and occupation combination separately. To meet the exposure requirements set forth in Section 4.3(a)(3) please provide independent documentation of meaningful and credible evidence of exposure to Philip Carey asbestos-containing products prior to June 1, 1967. This may be established by documentation including, but not limited to, the following:

- An affidavit of the injured party
- An affidavit of a co-worker
- Invoices
- Construction or similar records
- Sworn statement, interrogatory answers, sworn work history, or deposition

1. Site/Plant where exposure occurred: _____

Name of Site/Plant of Asbestos Exposure: _____

City: _____

State/Province: _____ Country: _____

If this exposure involved products manufactured, produced, distributed, sold, fabricated, installed, released, maintained, repaired, replaced, removed, and/or handled by Philip Carey for which Rapid-American is responsible, identify the products and provide the evidentiary basis for the claim that these products were at that site.

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2. Date Exposure Began: ____/____/____ Date Exposure Ended: ____/____/____
(month) (year) (month) (year)
3. Occupation at Time of Exposure (e.g., Boilermaker, Laborer, etc.): _____
4. Industry in which exposure occurred: _____ (Industry codes listed below)
- If Code 37 - Other, please describe: _____

Industry Codes

- | | |
|-----------------------------------------|------------------------------------|
| 10. Asbestos mining | 24. Petrochemical |
| 11. Aerospace/aviation | 25. Insulation |
| 12. Asbestos abatement | 27. Railroad |
| 13. Automobile/mechanical friction | 30. Shipyard-construction/repair |
| 16. Chemical | 31. Textile |
| 17. Construction trades | 32. Tire/rubber |
| 18. Iron/steel | 33. Utilities |
| 19. Longshore | 34. Asbestos products manufacturer |
| 20. Maritime | 36. Building occupant |
| 21. Military | 37. Other |
| 23. Non-asbestos products manufacturing | |

5. If your occupation does not appear on the list of Presumptive SOE Occupations Ratings list (available at www.rapidamericanasbestostrust.com), please advance directly to question 6. If it does appear on the list, indicate circumstances of exposure to asbestos products or activities (check all applicable):
- Injured party handled raw asbestos fibers on a regular basis
- Injured party fabricated asbestos-containing products such that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- Injured party altered, repaired or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers
- Injured party was employed in an industry or occupation such that the injured party worked on a regular basis in close proximity to workers who did one or more of the above three activities
- None of the above
6. If the injured party's occupation **does not** appear on the list of Presumptive SOE Occupations Ratings list, or "None of the above" was checked in question 5 above, provide a description of how the injured party was exposed to asbestos.
- _____
- _____

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Part 5: Signature Page

All claims must be signed by the claimant, or the person filing on his/her behalf (such as the personal representative or attorney).

If signed by the claimant or the personal representative, I (the claimant or 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.

If signed by the claimant's counsel, upon information and belief, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signature of claimant, personal representative, or claimant's counsel.

Please print the name and relationship to the claimant of the signatory above.

Date: ____/____/____
(month) (day) (year)

Please review your submission to ensure it is complete and includes the following documents as applicable.

- Death Certificate (if applicable)
- Certificate of Official Capacity or other estate documentation (if personal representative is filing form) if applicable per state law.
- Medical Records as required by the Trust Distribution Procedures and as requested in the instructions
- Proof of Rapid-American Liability and Significant Occupational Exposure as required in the Trust Distribution Procedures and requested in the instructions, including affidavits from the injured party or others.
- Copy of the tolling agreement (if applicable in Part 5)