

Burns and Roe Asbestos Personal Injury Settlement Trust Claim Form

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 not being 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.

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

Expedited
 Individualized
 Secondary Exposure
 Foreign Claim

If electing exigent treatment, check here:

Exigent Hardship

Law firm's matter number for this claim: _____

Section 1: Injured Party Information

Last Name		First Name		Middle Name	Suffix
Social Security Number	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)					
City	State	Zip	Daytime Telephone		

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	Attorney Middle Name	Attorney Suffix
Direct Telephone	Facsimile	E-mail 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 Asbestos Disease (Level I) <input type="checkbox"/> Severe Asbestosis (Level IV) <input type="checkbox"/> Lung Cancer 1 (Level VII)	<input type="checkbox"/> Asbestosis / Pleural Disease (Level II) <input type="checkbox"/> Other Cancer (Level V) <input type="checkbox"/> Mesothelioma (Level VIII)
<input type="checkbox"/> Asbestosis / Pleural Disease (Level III) <input type="checkbox"/> Lung Cancer 2 (Level VI)	
Diagnosis Date (mm/dd/yyyy)	If Other Cancer (Level V), please specify malignancy

Section 4: Smoking History (required only for Individual Review Claims for Lung Cancer 1 (Level VII) and Lung Cancer 2 (Level VI))

In the chart below, indicate each period during which the injured party smoked tobacco products and the average number of said products smoked per day.

Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day
Product <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes	Start Date (mm/dd/yyyy)	Quit Date (mm/dd/yyyy)	Packs/Cigars/Pipes Per Day

Section 5: Personal Representative (if applicable)

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

Section 6: Asbestos Litigation and Claims History

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

File Date (mm/dd/yyyy)	State	Court	Docket Number
Burns and Roe Named? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the injured party ever received settlement monies related to this lawsuit from Burns and Roe or its insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", amount
Jurisdiction Selection			
If no lawsuit has ever been filed against Burns and Roe or another defendant on behalf of the injured party, indicate in which state the injured party would have elected to file such a suit:			

Section 7: Occupational Exposure to Asbestos Products

Provide information below for each location at which the injured party alleges exposure to asbestos or asbestos-containing products for which Burns and Roe has legal liability. If the duration of the injured party's Burns and Roe Exposure is not sufficient to meet the Significant Occupational Exposure criteria for the disease level, please provide information regarding other asbestos exposure to satisfy the applicable Significant Occupational Exposure criteria. List each site, industry, and occupation combination separately, and provide the complete name and location of each individual site. Attach additional copies of this page if more space is required.

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Occupation	Approved Site Code
Site of Exposure (plant or site name)		City	State
Country		Industry in which exposure occurred (see Exhibit A for list of industry codes)	
If other, please specify		Description of Significant Occupational Exposure at this jobsite (check all that apply)	
<input type="checkbox"/> Claimant handled raw asbestos fibers on a regular basis <input type="checkbox"/> Claimant fabricated asbestos-containing products so that the claimant in the fabrication process was exposed on a regular basis to asbestos fibers <input type="checkbox"/> Claimant altered, repaired, or otherwise worked with an asbestos-containing product such that the claimant was exposed on a regular basis to asbestos fibers <input type="checkbox"/> Claimant was employed in an industry and occupation such that the claimant worked on a regular basis in close proximity to workers engaged in one or more of the three activities above <input type="checkbox"/> Other (please describe in as much detail as possible):			
THIS QUESTION MUST BE ANSWERED: If any of the injured party's exposure to asbestos, in whole or in part, was as a result of Burns & Roe activity during either of the following periods, check all periods that apply. If the injured party is not certain whether either period is applicable, please check "Uncertain".			
<input type="checkbox"/> January 1, 1956 thru December 31, 1969 <input type="checkbox"/> January 1, 1971 thru April 1, 1974 <input type="checkbox"/> Uncertain			

Section 8: Secondary Exposure

If the injured party's asbestos exposure was solely due to exposure to an occupationally exposed person, complete Section 7 with the exposure information for the occupationally exposed person and provide the information below.

Date Exposure to Occupationally Exposed Person Began (mm/dd/yyyy)	Date Exposure to Occupationally Exposed Person Ended (mm/dd/yyyy)	Relationship to Occupationally Exposed Person
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Description of how injured party was exposed through occupationally exposed person to asbestos or asbestos-containing products for which Burns and Roe has legal liability

Section 9: Employment / Earnings Information (not required for Expedited Review)

If economic losses are being claimed, please enclose an economic loss report, IRS Form W-2, the first page of IRS Form 1040, or other relevant supporting documentation.

Current Employment Status (check all that apply)		
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Partially Disabled	<input type="checkbox"/> Fully Disabled	<input type="checkbox"/> N/A (deceased)
Amount of last annual wages	Date of last wages received (mm/dd/yyyy)	

Section 10: Dependents (not required for Expedited Review)

List injured party's spouse and/or any other dependents.

Dependent 1

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 2

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 3

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 4

Last Name	First Name	Middle Name	Suffix
Relationship to injured party		Date of Birth (mm/dd/yyyy)	Financially Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 11: Certification and Signature

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

By submission of a claim to the Burns and Roe Asbestos Personal Injury Settlement Trust (the "Trust"), the undersigned claimant acknowledges, and agrees to, the following:

Certain claims submitted to the Trust under the Trust Distribution Procedures of the Trust (the "TDP") may also be entitled to treatment as "Potential CNA Trust Claims" pursuant to the Agreement and Addendum to the Plan of Reorganization of Burns and Roe Enterprises, Inc. and Burns and Roe Construction Group, Inc. (the "CNA Addendum"). A copy of the CNA Addendum is available at www.burnsandroetrust.com. The CNA Addendum provides that, in certain circumstances, Potential CNA Trust Claims may be liquidated in the tort system in order to value the Trust's claim for purposes of seeking insurance coverage pursuant to insurance policies issued by CNA. The CNA Addendum defines the entities included in the term "CNA".

Under the CNA Addendum, the Trust is entitled to determine whether, and under what terms and conditions, a claimant may pursue a Potential CNA Trust Claim. The Trust is entitled to control the prosecution and settlement of any coverage litigation related to claimants' Potential CNA Trust Claims, to receive any and all payments from CNA on account of claimants' Potential CNA Trust Claims and to administer and allocate such payments, including determining the amount that a claimant holding a Potential CNA Trust Claim will received from such payments.

The submission of a claim to the Trust constitutes the consent of the claimant to the prosecution of the claimant's Potential CNA Trust Claim pursuant to the CNA Addendum. The Trust may require the claimant to pursue such claim as a condition of the claimant's receipt of distributions from the Trust on account of a resolved claim under the TDP.

As provided in the CNA Addendum, to the extent a Potential CNA Trust Claim is pursued, the undersigned claimant:

1. Stipulates to a 60-day extension of the time period for answering any complaint asserting the claimant's Potential CNA Trust Claim;
2. Consents to the Trust causing CNA to be provided with copies of the complaint relating to the claimant's Potential CNA Trust Claim, any materials submitted to the Trust by the claimant pursuant to the TDP (including claim forms, medical records and other information), and any other information that the Trust has in any file it maintains specifically with respect to the claimant (whether such file is maintained in paper or electronic form);
3. Acknowledges that the Trust controls the prosecution and settlement of any coverage litigation related to the claimant's Potential CNA Trust Claim and agrees to be bound by any such litigation; and
4. Acknowledges that the Trust is entitled to determine what amount the claimant will receive if the Trust obtains payment from CNA in relation to the claimant's Potential CNA Trust Claim.

Upon information and belief, formed after an inquiry reasonable under the circumstances, I hereby certify, under penalty of perjury, that the information submitted is accurate.

Signed	Date Signed (mm/dd/yyyy)
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Print Name Here

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

Burns and Roe Asbestos Personal Injury Settlement Trust
c/o Verus Claims Services, LLC
3967 Princeton Pike
Princeton, New Jersey 08540

Section 12: Checklist of Supporting Documentation

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

For all claimants:

- Medical records supporting the diagnosis of the claimed disease level (see filing instructions for requirements)
- Proof of Burns and Roe Exposure, as set forth in the filing instructions

For deceased claimants:

- Death certificate

For claims filed by a personal representative:

- Letters of Administration or other proof of the personal representative's official capacity, if applicable pursuant to state law

For Exigent Hardship claims and/or claimants asserting a claim for lost wages:

- Documentation supporting the claim that any and all wage loss incurred by the injured party was the direct result of the injured party's asbestos-related disease. This documentation could include, but not be limited to medical records and/or reports, reports from governmental or insurance agencies and/or reports from the claimant's most recent employer
- Tax returns and/or W-2 forms for the last three (3) full years of employment