

ACandS Asbestos Settlement Trust

Instructions for Filing Claims

The ACandS Asbestos Settlement Trust (the "Trust") was established as a result of the bankruptcy of Armstrong Contracting and Supply, Inc. The Trust was created to process, liquidate and pay valid asbestos personal injury claims in accordance with the ACandS Asbestos Settlement Trust Distribution Procedures (the "TDP").

These instructions provide an overview of how to file a claim with the Trust and are intended to assist claimants (i.e. the injured party or his or her personal representative) in filing a complete and valid claim. All legal requirements for a valid claim, however, are set forth in full in the TDP - a copy of which is attached. These instructions are organized in four sections:

- Procedures for registering with the Trust and filing claims
- How a claim is processed by the Trust
- Requirements for filing a valid claim
- How the Trust pays claims

Section 1: How do I file a claim with the Trust?

To file a claim, you must submit a completed Claim Form along with all of the required supporting documentation. The supporting documentation is discussed below. You may submit your claim to the Trust using either (1) the enclosed Claim Form or (2) by bulk electronic submission through the Trust's online filing system, or (3) by entering the claim using the on-line data entry form. A sample copy of the Claim Form and Excel templates for bulk filing are available for download at www.ACandSasbestostrust.com. You may also provide the supporting documentation in either hard copy or in electronic format (as either PDF or TIFF files). All materials must be sent to the Trust by mail, or submitted online by using the following addresses:

Mail Submissions:

ACandS Asbestos Settlement Trust
C/O Verus Claims Services, LLC
3967, Princeton Pike
Princeton, NJ 08540
Telephone: (609) 466-0427

Online submissions: <https://trust.verusllc.com>

To use the Trust's electronic submission application, law firms must first execute the Electronic Filer Agreement attached to these instructions. The Electronic Filer Agreement is also available for download at www.ACandSasbestostrust.com. The Trust strongly recommends that law firms make use of the online filing option, as it significantly reduces the time and expense required for processing claims.

All law firms must also complete the Law Firm Registration Form prior to submitting claims. The Law Firm Registration form is also available for download at www.ACandSasbestostrust.com. Registering with the Trust is required in order for the Trust to confirm tax identification numbers prior to disbursements as required by the Internal Revenue Service.

Every effort should be made to submit the Claim Form and all required documentation at the same time. Incomplete submissions will not be placed in the first-in-first-out (FIFO) processing queue – and therefore will

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not be reviewed by the Trust – until such time as any missing required information and/or documentation is provided by the claimant. Incomplete submissions also increase processing time for all claimants and consume valuable Trust resources which would otherwise be available for the payment of claims. Questions regarding the Claim Form and the claim process may be directed to:

Dan Myer (609) 466-0427 x1006 dmyer@verusllc.com

Mark Eveland (609) 466-0427 x1004 meveland@verusllc.com

Statute of Limitations

All claims must be filed before the expiration of the relevant statute of limitations. See Section 5.1(a)(2) of the TDP for details on the application of the statute of limitations and tolling provisions.

Disease Levels

Claims are categorized according to seven asbestos-related Disease Levels. The Disease Levels are:

Mesothelioma (Level VII)

Lung Cancer 1 (Level VI)

Lung Cancer 2 (Level V)

Other Cancer (Level IV)

Severe Asbestosis (Level III)

Asbestosis/Pleural Disease (Level II)

Other Asbestos Disease (Level I)

Each Disease Level has been assigned medical and exposure criteria; six of the seven Disease Levels have Scheduled Values (for Expedited Review), and five Disease Levels have ranges of values (for Individual Review) as well. The Disease Level values have been determined with the intention of achieving a fair allocation of available funds among injured parties suffering from different diseases in light of current and historical information regarding claims against ACandS, Inc.

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Required Information & Supporting Documentation

Claims will only be placed in the FIFO processing queue for further review by the Trust when they are determined to be “sufficiently complete” per Section 5.1(a)(1) of the TDP. In order to meet the “sufficiently complete” requirement, all of the following information must be provided with the initial submission:

Required Data

Claim Form Section	Label
Section 1: Injured Party Information	Last Name
Section 1: Injured Party Information	First Name
Section 1: Injured Party Information	Social Security Number
Section 1: Injured Party Information	Date of Birth
Section 1: Injured Party Information	Gender
Section 2: Law Firm/Attorney Information	Filer ID
Section 3: Asbestos Related Injury	Disease Level
Section 3: Asbestos Related Injury	Diagnosis Date
Section 6: Asbestos Litigation and Claims History	Lawsuit Filing Date <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	State Filed <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Court <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Docket Number <i>(if a lawsuit was filed)</i>
Section 6: Asbestos Litigation and Claims History	Jurisdiction Selection <i>(if no lawsuit was filed)</i>
Section 7: Occupational Exposure to Asbestos Products	Start Date
Section 7: Occupational Exposure to Asbestos Products	End Date
Section 7: Occupational Exposure to Asbestos Products	Occupation
Section 7: Occupational Exposure to Asbestos Products	Site of Exposure
Section 7: Occupational Exposure to Asbestos Products	Site Location City
Section 7: Occupational Exposure to Asbestos Products	Site Location State
Section 7: Occupational Exposure to Asbestos Products	Site Location Country
Section 7: Occupational Exposure to Asbestos Products	Industry
Section 7: Occupational Exposure to Asbestos Products	Names of ACandS Products used at this site
Section 7: Occupational Exposure to Asbestos Products	Description of Significant Occupational Exposure

Required Supporting Documentation

In order for a claim to be deemed sufficiently complete for review, the claimant must submit the following supporting documentation:

For all claims:

- Medical records supporting the diagnosis of the claimed Disease Level, including underlying nonmalignant condition for Disease Levels IV and VI
- Proof of ACandS Product exposure, as required by the TDP
- Death certificate (if applicable)
- Letters of Administration or other proof of personal representative’s official capacity (if applicable)

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For Exigent Hardship Claims and/or claimants asserting a claim for Economic Losses:

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

Section 2: How will claims be processed?

FIFO Processing Order

In general, claims will be processed and a liquidated value will be assigned to claims in the order in which the claims are received by the Trust, on a first-in-first-out basis. The Trust assigns a unique Claim ID and FIFO processing number when the claim is deemed sufficiently complete for review (as defined above). *The FIFO processing number is not static, and may change over time as claims are reviewed and dates used to calculate the FIFO processing order are updated on individual claims within the queue.*

See section 5.1(a)(1) of the TDP for detailed FIFO processing specifications.

Liquidation of Claims

When filing a claim, the claimant may elect either Expedited Review or Individual Review. If a claim is eligible for Expedited Review and no election is received by the claimant at the time the claim is filed, the Trust will review the claim under the Expedited Review process.

Because the detailed examination and valuation process pursuant to Individual Review requires substantial time and effort, claimants electing to undergo the Individual Review process may likely be paid later than if the claimant elected the Expedited Review process. If the claimant is seeking Individual Review, Sections 4, 8, 9 and 10 of the Claim Form must be completed to the extent applicable.

Expedited Review

Expedited Review is explained in Section 5.3(a) of the TDP. All claimants, except those with claims for Lung Cancer 2 (Disease Level V), Foreign Claims, and claims for secondary exposure, may elect Expedited Review of their claim. Under Expedited Review, the Trust will determine whether the claim meets the presumptive medical and exposure criteria for one of the six Disease Levels eligible for Expedited Review, and will advise the claimant of its determination. If the Trust determines that a claim meets the criteria for one of the six Disease Levels, the Trust will assign the claim the established Scheduled Value for that Disease Level. The Disease Levels and Scheduled Values are set forth at section 5.3(a)(3) of the TDP, and reproduced below. The Trust will tender to the claimant an offer of payment in an amount equal to the Scheduled Value multiplied by the Payment Percentage, as explained below. If the claimant accepts the offer, the claim will be paid as set forth in Section 4 of these instructions. If the claimant rejects the offer, the claimant may request Individual Review.

Alternatively, if the Trust concludes that a claim does not meet the presumptive Medical/Exposure Criteria for one of the six Disease Levels eligible for Expedited Review, the Trust will deny the claim. If the Trust denies the

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claim, the claimant may then request Individual Review.

Individual Review

The Trust's Individual Review process provides a claimant with an opportunity for individual consideration and evaluation of a claim. All Lung Cancer 2 (Level V) claims must be submitted for Individual Review. In addition, all Foreign Claims, as defined in Section 5.3(b)(1) of the TDP, and all claims for secondary exposure, as described in Section 5.5 of the TDP, must be submitted for Individual Review.

Any claimant whose claim fails to meet the presumptive Medical/Exposure Criteria required for liquidation under Expedited Review may seek Individual Review of his or her claim. If the Trust is satisfied that the claimant has presented a claim that would be cognizable and valid in the tort system, the Trust may offer the claimant a liquidated value up to the Scheduled Value for the relevant Disease Level.

In addition, claimants holding claims in the more serious Disease Levels III, IV, VI and VII may seek Individual Review in order to determine whether the liquidated value of their claims exceeds the Scheduled Value for the relevant Disease Level. However, unless the claim qualifies as an Extraordinary Claim as described in Section 5.4(a) of the TDP, the liquidated value of a Disease Level III-VII claim determined under Individual Review may not exceed the Maximum Value for the relevant Disease Level, as set forth in Section 5.3(b)(3) of the TDP. Also, the liquidated value of any claim that undergoes Individual Review may be determined to be less than the Scheduled Value the claimant would have received under Expedited Review.

Please refer to 5.3(b)(2) of the TDP for the valuation factors considered in the Individual Review process.

If the Trust determines that a claim for any Disease Level is deficient or does not qualify for payment, then the Trust will issue a notice of deficiency to the claimant or deny the claim.

If a claimant rejects the liquidated value offered after an Individual Review, the claimant may challenge the resolution of their claim under the Trust's ADR procedures. See Section 5.10 of the TDP for ADR provisions.

Extraordinary and Exigent Hardship Claims

The TDP provides for Extraordinary Claims and Exigent Hardship Claims. For details of the requirements for each of these types of claims, see Section 5.4 of the TDP.

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Section 3: What are the requirements for a valid claim under the TDP?

General Requirements

All claimants are required to submit a complete Claim Form with the required supporting documentation. At a minimum, the supporting documentation must consist of a medical report from the diagnosing physician and a death certificate, if applicable.

The following chart, used for Expedited Review, summarizes the Scheduled Values and Medical/Exposure Criteria for the various Disease Levels. This chart is only intended as a general guideline for a valid claim. As stated throughout these instructions, the TDP must be consulted to determine whether the claim satisfies the requirements for a valid claim. See Section 5.3(a)(3) of the TDP for all applicable criteria.

<u>Disease Level</u>	<u>Scheduled Value</u>	<u>Medical/Exposure Criteria</u>
Mesothelioma (Level VII)	\$150,000	(1) Diagnosis of mesothelioma; and (2) credible evidence of ACandS Exposure (as defined in Section 5.7(b)(3)).
Lung Cancer 1 (Level VI)	\$ 50,000	(1) Diagnosis of a primary lung cancer plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months ACandS Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos (as defined in Section 5.7(b)(2)), and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Lung Cancer 2 (Level V)	None	(1) Diagnosis of a primary lung cancer, (2) ACandS Exposure prior to December 31, 1982, and (3) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the lung cancer in question.
Other Cancer (Level IV)	\$ 14,000	(1) Diagnosis of a primary colorectal, laryngeal, esophageal, pharyngeal, or stomach cancer, plus evidence of an underlying Bilateral Asbestos-Related Nonmalignant Disease, (2) six months ACandS Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the other cancer in question.
Severe Asbestosis (Level III)	\$ 40,000	(1) Diagnosis of asbestosis with ILO of 2/1 or greater, or asbestosis determined by pathological evidence of asbestos, plus (a) TLC less than

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65%, or (b) FVC less than 65% and FEV1/FVC ratio greater than 65%, (2) six months ACandS Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Asbestosis/
Pleural Disease (Level II) \$ 7,500

(1) Diagnosis of Bilateral Asbestos-Related Nonmalignant Disease, plus (a) TLC less than 80%, or (b) FVC less than 80% and FEV1/FVC ratio greater than or equal to 65%, and (2) six months ACandS Exposure prior to December 31, 1982, (3) Significant Occupational Exposure to asbestos, and (4) supporting medical documentation establishing asbestos exposure as a contributing factor in causing the pulmonary disease in question.

Other Asbestos Disease (Level I) \$ 3,000

(1) Diagnosis of a Bilateral Asbestos-Related Nonmalignant Disease, (2) six months ACandS Exposure prior to December 31, 1982, and (3) five years cumulative occupational exposure to asbestos.

Medical Evidence

In general, all diagnoses of a Disease Level shall be accompanied by either (i) a statement by the physician providing the diagnosis that at least 10 years have elapsed between the date of first exposure to asbestos or asbestos-containing products and the diagnosis, or (ii) a history of the injured party's exposure sufficient to establish a 10-year latency period. Medical records supporting the claimed Disease Level must be submitted with the Claim Form.

For further details regarding medical evidence required for a valid claim, see Section 5.7(a) of the TDP.

Exposure Evidence

In general, to meet the presumptive exposure requirements for Expedited Review, the claimant must show:

- For Disease Level I, six months of ACandS Exposure (as described below and as set forth in the TDP), plus five years of cumulative occupational exposure to asbestos.
- For Disease Levels II, III, IV or VI, six months of ACandS Exposure, plus Significant Occupational Exposure (as described below and as set forth in the TDP) to asbestos.
- For Disease Level VII, the claimant must demonstrate ACandS Exposure (as described below and as set forth in the TDP).

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If the claimant cannot meet the requirements of presumptive exposure for a Disease Level for Expedited Review, the claimant may seek Individual Review. For further details regarding exposure evidence required for a valid claim, see Section 5.7(b) of the TDP.

ACandS Exposure

See Section 5.7(b)(3) of the TDP for the required showing of ACandS Exposure.

The Claim Form requires the claimant to list the occupation and industry in which the injured party worked at the time the ACandS Exposure occurred. If signed by the injured party, execution of a fully completed Claim Form under penalty of perjury will be accepted as evidence of exposure for purposes of Section 5.7(b)(3) of the TDP. See Claim Form, Part 11.

Significant Occupational Exposure

Claims submitted for Disease Levels II, III, IV, or VI must demonstrate Significant Occupational Exposure in order to meet the presumptive exposure requirements for Expedited Review. See Section 5.7(b)(2) of the TDP for the required showing of Significant Occupational Exposure.

Section 4: How will I receive payment if I have a valid claim?

Once a claim is liquidated, it is placed in line for payment. Prior to payment, the Trust will require that the claimant execute a release. The order of payment is based on the date of the receipt of the executed release. The claimant will receive a payment equal to the Payment Percentage multiplied by the liquidated value of the claim. If the claimant is represented by an attorney, the payment shall be made to the attorney on behalf of the claimant. If the claimant is not represented by an attorney, the payment will be made directly to the claimant.

Payment Percentage

All claims are subject to the Payment Percentage. The Payment Percentage is the percentage of the full liquidated value of a claim that claimants will receive from the Trust. The Payment Percentage is calculated based on the Trust's estimate of the number, types and values of present and future claims and the value and liquidity of the Trust's assets after considering the Trust's operating expenses. Currently, the Payment Percentage is 5.78%. Applying this Payment Percentage, claimants with valid claims that are liquidated at the Scheduled Values could expect to be paid the following amounts:

Disease Level	Scheduled Value	Payment Amount
Mesothelioma (Level VII)	\$150,000	\$8,670.00
Lung Cancer 1 (Level VI)	\$50,000	\$2,890.00
Lung Cancer 2 (Level V)	None	Variable
Other Cancer (Level IV)	\$14,000	\$809.20

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Severe Asbestosis (Level III)	\$40,000	\$2,312.00
Asbestosis/Pleural Disease (Level II)	\$7,500	\$433.50
Other Asbestos Disease (Level 1)	\$3,000	\$173.40

The Trustee may adjust the Payment Percentage to reflect updated estimates of the Trust's liabilities. Because there is uncertainty in the prediction of both the number and severity of future claims, and the amount of the Trust's assets, no guarantee can be made of the Payment Percentage. If the Payment Percentage is increased over time, claimants whose claims were liquidated and paid in prior periods under the TDP may receive supplemental payments, subject to the limitations described in Section 4.3 of the TDP.

Annual Payment Limitations

To assure that the Trust has adequate resources to pay similarly situated present and future claims in similar amounts, the Trust's payments to all claimants in any year may not exceed the Maximum Annual Payment for that year. See Section 2.5 of the TDP for information regarding the Maximum Annual Payment.

In addition, only 82.9% of the Maximum Annual Payment may be used to pay claims in Disease Levels III-VII in a given year. The remaining 17.1% of the Maximum Annual Payment is available only to pay claims in Disease Levels I and II. See Section 2.6 of the TDP. If the Maximum Annual Payment is insufficient to pay all liquidated claims in the relevant Disease Levels for any year, the claims will be carried over to the next year and will be paid prior to any claims that are liquidated in the next year.

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Appendix A

Industry Classification Codes

Industry Code	Industry Description
1	<i>Unclassified (Do not use – for internal use only)</i>
2	Aerospace / Aviation
3	Asbestos Mining
4	Asbestos Manufacturing
5	Automotive Repair / Friction
6	Building Occupant / Bystander
7	Chemical
8	Construction
9	Insulation
10	Longshoreman
11	Manufacturing
12	Maritime
13	Military
14	Other
15	Petrochemical / Refinery
16	Powerhouse / Utility
17	Railroad
18	Shipyard
19	Steel / Iron
20	Textiles
21	Tire / Rubber
22	Asbestos Abatement