

**ACandS ASBESTOS SETTLEMENT TRUST
INDIRECT ASBESTOS PERSONAL INJURY CLAIM FORM**

Submit completed form to:

**ACandS Asbestos Settlement Trust
c/o Verus Claims Services, LLC
3967, Princeton Pike
Princeton, NJ 08540**

For purposes of this form, the “Indirect Claimant” is the entity seeking contribution, indemnification, or other payment from the ACandS Asbestos Settlement Trust (the “Trust”) pursuant to Section 5.6 of the ACandS Asbestos Settlement Trust Distribution Procedures (“TDP”). The “Direct Claimant” is the injured person whose underlying personal injury or wrongful death case or claim gave rise to the Indirect Asbestos Personal Injury Claim (“Indirect Claim”).

Each Indirect Claim will be evaluated individually. A separate Indirect Claim Form must be submitted for each underlying Direct Claim. The Trust may request additional information or documentation to process the Indirect Claim.

Complete this Indirect Claim Form as thoroughly and accurately as possible. Should there be insufficient space on this form to list all relevant information, please attach additional sheets.

SECTION A: INDIRECT CLAIMANT INFORMATION

A1. Identification of Indirect Claimant

Name of Indirect Claimant: _____

Street Address: _____

Federal Employer Identification Number (EIN): _____

Nature of Business: _____

Name of Contact Person: _____

Title: _____

Street Address (if different from above): _____

E-mail Address: _____

Telephone Number: _____

Fax Number: _____

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A2. Identification of Counsel Representing Indirect Claimant

Name of Attorney: _____

Name of Law Firm: _____

Street Address: _____

E-mail Address: _____

Telephone Number: _____

Fax Number: _____

A3. Amount of Indirect Claim

Total Amount Claimed: \$ _____

A4. Identification of Direct Claimant (Injured Party)

Name of Direct Claimant: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____
(month) (day) (year)

Disease/injury for which the Indirect Claimant compensated the Direct Claimant: _____

SECTION B: LEGAL BASIS FOR INDIRECT CLAIM

B1. Legal Basis Asserted

Is this a claim based upon a right of contribution? Yes _____ No _____

If yes, identify the state law/jurisdiction applicable to the contribution claim and the basis therefor:

Have you paid in full a joint-and-several judgment in favor of the Direct Claimant? Yes _____ No _____

Have you entered into a settlement with the Direct Claimant and paid it in full? Yes _____ No _____

Did you obtain a full release in favor of the Trust or ACandS, Inc. ("ACandS") from the Direct Claimant?
Yes _____ No _____

If applicable, please provide documentation of the satisfaction in full of the joint-and-several judgment and/or the release of the Trust or ACandS by the Direct Claimant.

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B2. Proof of Payment

Proof of Payment by the Indirect Claimant to the Direct Claimant is required. Provide copies of canceled checks or verified payment vouchers showing that you paid the Direct Claimant (or a party who paid the Direct Claimant on your behalf) in the amount claimed.

B3. Theory of Recovery

Fully describe, with specificity, the legal and factual bases of your claim for contribution, indemnification, subrogation, or other relief. If the space below is insufficient, please provide this information on a separate piece of paper attached to this sheet.

Is your Indirect Claim based on having paid all or part of the Trust or ACandS's alleged equitable share of liability for an asbestos-related personal injury or wrongful death claim?

Yes _____ No _____

Please identify:	\$ _____	Total Liability to the Direct Claimant
	\$ _____	Indirect Claimant's Share of Total Liability to the Direct Claimant
	\$ _____	Total Amount Paid by the Indirect Claimant to the Direct Claimant
	\$ _____	Total Alleged Liability of the Trust or ACandS to the Direct Claimant Paid by the Indirect Claimant

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Describe the basis for your computation of the Trust or ACandS's share, your share, and the shares paid or to be paid by any other co-defendants of the total liability to the Direct Claimant.

Are you aware of any payment by the Trust or ACandS in respect of this claim? Yes ____ No ____

If yes, please explain:

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SECTION C: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION

C1. Proof of Claim

Did the Indirect Claimant file a Proof of Claim in the ACandS, Inc. bankruptcy case?

Yes _____ No _____

If yes, attach a copy of the Proof of Claim.

C2. Related Claims

Have you sought, are you seeking, or do you plan to seek contribution, indemnification, or other such relief from any other entity or individual in relation to the Direct Claimant identified herein? Yes _____ No _____

If yes, please provide the following information for each entity or individual, and attach copies of any relevant complaints, judgments, settlement agreements, and/or releases.

Name of Entity or Individual: _____

Amount of Claim: \$ _____

Basis of Claim: _____

Status or Outcome of Claim: _____

If the claim is in the nature of a lawsuit or other dispute resolution proceeding, please identify the court or other dispute resolution forum, including the case number and state/jurisdiction:

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SECTION D: SIGNATURE

D1. Signature of Representative of Indirect Claimant

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION
CONTAINED IN THIS CLAIM FORM IS TRUE AND COMPLETE.
I UNDERSTAND THAT THIS CLAIM FORM IS SUBMITTED UNDER
PENALTY FOR REPRESENTATION OF A FRAUDULENT CLAIM IN
ACCORDANCE WITH 18 U.S.C. § 152.

First Name, Middle Name, Last Name
of Representative of Indirect Claimant
(Must be a Corporate Officer or Counsel)

Signature

Title

Date