

## Claim Form for Indirect Asbestos PI Claims for the Metex Asbestos PI Trust

Submit Completed Claims to:

Verus, LLC  
3967 Princeton Pike  
Princeton, NJ 08540  
Phone: 888-681-1129

Use this Claim Form for Indirect Asbestos PI Claims (the “Claim Form”) to file an Indirect Asbestos PI Claim with the Metex Asbestos PI Trust. Indirect Asbestos PI Claims are claims submitted by an entity that has paid in full the liability and obligation of the Metex Asbestos PI Trust to the individual claimant to whom the Metex Asbestos PI Trust would otherwise have had a liability or obligation under the Metex Asbestos PI Trust Distribution Procedures (“TDP”). For more information on the requirements to establish a valid Indirect Asbestos PI Claim see Section 5.6 of the TDP.

For purposes of this form, the “**Indirect Claimant**” is the entity seeking contribution, indemnification or reimbursement from the Metex Asbestos PI Trust pursuant to Section 5.6 of the TDP. The “**Direct Claimant**” is the injured person whose underlying asbestos personal injury or wrongful death case or claim gave rise to the Indirect Asbestos PI Claim.<sup>1</sup>

Each Indirect Asbestos PI Claim will be evaluated individually. A separate Claim Form for Indirect Asbestos PI Claims must be submitted for each underlying Direct Claimant’s Metex Asbestos PI Claim so that each Indirect Asbestos PI Claim may be individually reviewed. Indirect Claimants must establish that the Trust has an obligation to the Direct Claimant under the TDP. In the event a Claim Form has been filed by the Direct Claimant (the “Direct Claim Form”) and approved for payment by the Metex Asbestos PI Trust, the Metex Asbestos PI Trust will consider this requirement to have been satisfied. If no such Direct Claim Form has been received and approved for payment, the Indirect Claimant must submit, to the best of its ability, the information requested in the Direct Claim Form (together with any and all supporting documentation) for the claimant in respect of which the Indirect Asbestos PI Claim is filed.

Complete this 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.

The Metex Asbestos PI Trust may require additional information and documents after reviewing the submission.

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<sup>1</sup> Capitalized terms used herein and not otherwise defined shall have the meanings ascribed to them in the TDP. To the extent this Claim Form conflicts with the TDP, the TDP controls.

**PART I: INDIRECT CLAIMANT INFORMATION**

**1.1. Identification of Indirect Claimant**

*Provide the following information for the entity seeking contribution, indemnity or reimbursement from the Metex Asbestos PI Trust.*

Name of Indirect Claimant \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
Street Address

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

Fed. Emp. ID No. \_\_\_\_\_ Telephone \_\_\_\_\_

Nature of Business \_\_\_\_\_

Contact Person \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
Street Address

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

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**1.2 Identification of Counsel Representing Indirect Claimant**

*This information is mandatory if the Indirect Claimant is represented by counsel.*

Name of Attorney \_\_\_\_\_ Name of Law Firm \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
Street Address

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

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**1.3 Indirect Claim Amount**

Total Amount Claimed \$ \_\_\_\_\_

Total Amount of award, judgment or settlement: \$ \_\_\_\_\_

**PART 2: DIRECT CLAIMANT (INJURED PARTY) INFORMATION**

*Provide the following information for the Injured Party.*

Name

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
First                      M.I.                      Last                      Jr. Sr. etc.

Social Security Number \_\_\_\_\_ OR International ID \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

**Disease**

*You must select the most severe Disease Level for which the Injured Party has been diagnosed. The required medical and exposure criteria for each Disease Level is set forth in Section 5.3(a)(3) of the TDP.*

**Other Asbestos Disease (Level I)**

**Asbestosis/Pleural Disease (Level II)**

**Asbestosis/Pleural Disease (Level III)**

**Severe Asbestosis (Level IV)**

**Other Cancer (Level V)**

- Colorectal
- Laryngeal
- Esophageal
- Pharyngeal
- Stomach Cancer

**Lung Cancer 2 (Level VI)**

**Lung Cancer 1 (Level VII)**

**Mesothelioma (Level VIII)**

**PART 3: INDIRECT CLAIM TYPE**

**3.1 Legal Basis Asserted**

Is this a contribution claim?  Yes  No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

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Is this an indemnification claim?  Yes  No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

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Is this a claim seeking other reimbursement?  Yes  No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

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Is this a claim asserting a lien?  Yes  No

If "yes," please complete the following:

State law/jurisdiction applicable to the claim and the basis for the jurisdiction:

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**3.2 Theory of Recovery**

Describe fully and with specificity the legal and factual basis of your theory of recovery you set forth above, including without limitation, the basis for claiming that, under applicable state law, you have paid a liability or obligation that the Metex Asbestos PI Trust would otherwise have to the Direct Claimant under the TDP.

To the extent that the TDP requires the Indirect Claimant to produce a release from the Direct Claimant in favor of the Metex Asbestos PI Trust, and the Indirect Claimant cannot provide the required release set forth the specific statutory and case authority which you contend supports the Indirect Claim nonetheless. If this is a claim that does not meet the presumptive standard for an Indirect Asbestos PI Claim pursuant to Section 5.6 of the TDP, please set forth the specific statutory and case authority that you contend supports the claim.

If the space below is insufficient, please provide this information on a separate piece of paper attached behind this sheet.

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Have you paid in full a settlement or Final Order (as defined in the Plan) in favor of the Direct Claimant? fl Yes fl No

If yes, provide the details and a copy of the settlement agreement and/or Final Order.

If you have made a settlement with the Direct Claimant, has the Direct Claimant released Metex and/or the Metex Asbestos PI Trust from liability? fl Yes 0 No

If "yes," provide the release.

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

fl Yes fl No

Please List: \$ \_\_\_\_\_ Total Liability Paid by Indirect Claimant

\$ \_\_\_\_\_ Metex's or Metex Asbestos PI Trust's  
Liability Paid by Indirect Claimant

\$ \_\_\_\_\_ Indirect Claimant's Share of Total Liability

Describe below the basis on which you have computed Metex's or the Metex Asbestos PI Trust's share, your share, and the shares to be paid by any other person or entity.

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Are you aware of any payment by Metex or the Metex Asbestos PI Trust in respect of this claim?

E1 Yes                      E1 No      If "yes," please explain:

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**3.3 Proof of Payment**

Please provide copies of canceled checks or verified payment vouchers showing the amount paid to the Direct Claimant (or a party who paid the Direct Claimant on your behalf) in the amount claimed. Such proof of payment to or on behalf of the Direct Claimant is required in all circumstances.

**PART 4: PROOF OF CLAIM AND RELATED CLAIMS INFORMATION**

**4.1 Proof of Claim**

Did the Indirect Claimant file a Proof of Claim in the Metex bankruptcy case?

E1 Yes                      E1 No

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

**4.2 Related Claims**

Have you sought or do you plan to seek contribution, indemnification, reimbursement or other such relief from any entity or individual other than the Metex Asbestos PI Trust in relation to the Direct Claimant identified herein?

E1 Yes                      E1 No

If "yes," please provide the following information for each entity, and attach a copy of any relevant complaint(s), release(s), judgment(s) and/or settlement agreement(s).

Attach additional sheets for each entity from whom you have sought or plan to seek compensation related to the Direct Claimant.

Name of Entity:

Amount of Claim:    \$ \_\_\_\_\_

Type of Claim (lawsuit, negotiation, prior agreement, trust submission, etc.)

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Basis of Claim: \_\_\_\_\_

Status or outcome of the claim:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please note that this is a continuing obligation; you must notify the Metex Asbestos PI Trust when you seek (or recover funds on account of) contribution, indemnification, reimbursement or other such relief from any other asbestos producer, trust, entity or individual other than the Metex Asbestos PI Trust in relation to the Direct Claimant identified herein.

**PART 5: SIGNATURE**

**This Claim Form must be signed by a representative of the Indirect Claimant.**

**By signing below, I certify that I 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. In addition, by signing below, I certify and warrant that I am authorized to file this claim on behalf of the Indirect Claimant.**

\_\_\_\_\_

First Name, Middle Initial, Last Name of Representative of Indirect Claimant (Must be a Corporate Officer or Attorney in Charge)

\_\_\_\_\_

\_\_\_\_\_

Signature

Title

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

