

**STATE INSULATION CORPORATION
ASBESTOS PERSONAL INJURY TRUST
PROOF OF CLAIM FORM**

For information on how to submit a complete Claim Form, please refer to the Instructions for Filing a Claim with the State Insulation Corporation Asbestos Personal Injury Trust (“**Claim Filing Instructions**”) and the State Insulation Corporation Asbestos Personal Injury Trust Distribution Procedures (as may be amended from time to time, the “**TDP**”). The Claim Filing Instructions and TDP are published on the website of the State Insulation Corporation Asbestos Personal Injury Trust (the “**Trust**” or “**SIC Trust**”) at verusllc.com.

Submit Claims to:

Website: verusllc.com

Email: trustsupport@verusllc.com

Mail: Verus, LLC
 3967 Princeton Pike
 Princeton, NJ 08540

Notice of Filing Fee:

A FILING FEE OF \$22 MUST BE SUBMITTED WITH THIS CLAIM. THE CLAIM WILL NOT BE DEEMED TO BE FILED WITH THE TRUST UNLESS THE FILING FEE IS REMITTED WITHIN 60 DAYS OF SUBMITTING THE CLAIM FORM TO THE TRUST. NO FILING FEE IS REQUIRED FOR PRE-PETITION LIQUIDATED CLAIMS AS DEFINED IN TDP § 5.2.

The filing fee should be submitted via a check made payable to State Insulation Corporation Asbestos Personal Injury Trust.

Please read the Notice of Filing Fee for State Insulation Corporation Asbestos Personal Injury Trust posted on the Trust’s website at verusllc.com.

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Part 1. Information About the Claim

1.1 Check the type of review the Claimant requests and any of the listed features that apply to the Claim:

Type of Review:

____ Expedited Review

____ Individual Review

Special Claim Features:

____ No Special Claim Features (complete Parts 2-5 and 10)

____ Exigent Hardship Claim (complete Parts 2-5, 9.2 and 10)

____ No Special Claim Features (complete Parts 2-5 and 9-10)

____ Exigent Hardship Claim (complete Parts 2-5, 9-10)

____ Extraordinary Claim (complete Parts 2-5, 7 and 9-10)

____ Secondary Exposure Claim (complete Parts 2-4, 6 and 9-10)

____ Foreign Claim (complete Parts 2-5 and 8-10)

____ Pre-Petition Liquidated Claim (complete Parts 2, 3.1, 4, and 10, and attach required documentation as described in Claim Filing Instructions)

Part 2. Injured Party Information

2.1 Injured Party's full name:

[First Name] [Middle Name] [Last Name]

Social Security or Tax Identification Number: _____ - _____ - _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____

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Personal Representative Certification

This certification eliminates the need for any documentation of authority on behalf of a deceased Claimant.

Attorney certifies that this Claim is filed on behalf of the Claimant Representative acting for the Injured Party and that the Personal Representative has official capacity to file this Claim based on the operation of law.

Signature of Attorney

Printed Name of Attorney

2.4 Law Firm/Attorney Information

If the Claimant is represented by counsel, please provide the following information:

Law Firm Name: _____

Filer ID: _____

Mailing Address:

City: _____ State: ____ Zip Code: _____

Attorney Name: _____

Direct Telephone: (____) ____ - ____ Fax: (____) ____ - ____

Email Address: _____

Paralegal Name: _____

Direct Telephone: (____) ____ - ____ Fax: (____) ____ - ____

Email Address: _____

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Part 3: Disease Diagnosis

3.1 Disease Claimed: Indicate *only* the highest (most serious) asbestos-related disease level claimed for the Injured Party. The disease level must have been diagnosed for the Injured Party and medical documentation must be attached to this Claim form. *See* Claim Filing Instructions for a description of Disease Levels and Medical Evidence requirements.

Disease Level:

- Level VII: Mesothelioma
- Level VII: Lung Cancer 1
- Level VI: Lung Cancer 2
- Level V: Other Cancer
 - Colorectal Cancer
 - Laryngeal Cancer
 - Esophageal Cancer
 - Pharyngeal Cancer
 - Stomach Cancer
- Level IV: Severe Asbestosis
- Level III: Asbestosis/Pleural Disease
- Level II: Asbestosis/Pleural Disease
- Level I: Other Asbestos Disease

Date of Diagnosis:

(mm/dd/yyyy) _____ / _____ / _____

3.2 Medical Documentation: Attach medical records or other documentation to support the Disease Level claimed in Part 3.1 and the diagnosis date listed. See Claim Filing Instructions and Sections 5.3(a)(3) and 5.7(a) of the TDP for a detailed listing of the medical evidence and supporting documentation that must be provided for each Disease Level.

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Part 4. Claims History and Claimant's Jurisdiction

4.1 Claims History and Asbestos Litigation

4.1(a) Has an asbestos-related lawsuit ever been filed on behalf of the Injured Party?

___ Yes ___ No

4.1(b) If yes, provide the following:

Was State Insulation Corporation named as a defendant? Yes ___ No ___

Filing Date (mm/dd/yyyy): _____

City, State, and County in which the suit was originally filed:

Name of court in which the suit was originally filed: _____

Docket/Case Number: _____

Date the suit was originally filed (mm/dd/yyyy): _____

Has the injured party ever received settlement monies related to this lawsuit from State Insulation or its insurers? (Y/N): _____

If Yes, amount: _____

Did you sign a release of claims as against State Insulation Corporation?
___ Yes ___ No If Yes, provide a copy.

What asbestos-related disease was alleged in the lawsuit? _____

4.2 Does a tolling agreement apply? ___ Yes ___ No If Yes, please provide a copy.

4.3 Has a Claim on behalf of the Injured Party ever been submitted to State Insulation Corporation pursuant to an administrative settlement agreement? ___ Yes ___ No

4.4 Indicate the state elected as the Claimant's Jurisdiction: _____

The Jurisdiction selected is (please check one of the following):

___ state in which Injured Party resided at the time of diagnosis

___ state in which Injured Party resides when this Claim is filed with the Trust

___ state in which the alleged Debtor Exposure occurred

___ the Debtor's domicile (New Jersey)

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Part 5: Debtor Exposure and Occupational Exposure

5.1 Debtor Exposure

This part must be completed if the Claim alleges that the Injured Party's asbestos-related disease is a direct result of his/her occupational asbestos exposure to the Debtor's products. Provide the requested information below for each location at which the injured party alleges Debtor Exposure occurred. See the Claim Filing Instructions for exposure evidence necessary to meet the requirements for a valid and compensable claim.

Start Date: (mm/dd/yyyy) _____

End Date: (mm/dd/yyyy) _____

Occupation: _____

Site of Exposure (plant or site name): _____

City: _____ State: _____ Country: _____

Industry in which exposure occurred: _____

Names of all State Insulation products to which injured party was exposed:

5.2 Significant Occupational Exposure

Description of Significant Occupational Exposure at this jobsite (check all that apply):

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 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.

Other (please describe in as much detail as possible:

Attach work history to establish meaningful and credible Debtor Exposure, including six months occupational exposure before December 31, 1982 to products for which State insulation Corporation has legal responsibility, plus, if applicable, documentation to establish Significant Occupational Exposure requirements.

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Part 6: Secondary Exposure (complete only if Injured Party's asbestos-related disease is a result of asbestos exposure through an Occupationally Exposed Person)

See the Claim Filing Instructions for additional information. Provide information for each Occupationally Exposed Person on which the Injured Party claims secondary exposure. Attach additional copies if more than one Occupationally Exposed Person is claimed. Attach work history for the Occupationally Exposed Person to establish meaningful and credible Debtor Exposure, including six months occupational exposure before December 31, 1982 and, if applicable, Significant Occupational Exposure.

6.1 Injured Party's Secondary Exposure

Date Exposure to OEP began: (mm/dd/yyyy) _____

Date Exposure to OEP ended: (mm/dd/yyyy) _____

Relationship to OEP: (brother, son, spouse, etc.) _____

Description of how injured party was exposed to State Insulation products through the OEP:

6.2 Occupationally Exposed Person's Debtor Exposure

Name of OEP: _____

Social Security Number of OEP: _____ - _____ - _____

OEP Employer: _____

City: _____ State: _____

OEP Profession: _____

Attach work history for the Occupationally Exposed Person to establish meaningful and credible Debtor Exposure, including six months occupational exposure before December 31, 1982 plus, if applicable, Significant Occupational Exposure.

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6.3 Occupationally Exposed Person's Significant Occupational Exposure (check all that apply):

OEP handled raw asbestos fibers on a regular basis.

OEP fabricated asbestos-containing products such that the OEP in the fabrication process was exposed on a regular basis to asbestos fibers.

OEP altered, repaired, or otherwise worked with an asbestos-containing product such that the OEP was exposed on a regular basis to asbestos fibers.

OEP was employed in an industry or occupation such that the OEP worked on a regular basis in close proximity to workers who did one or more of the above three activities.

Other (please describe in as much detail as possible:

Part 7: Extraordinary Claim Statement

If the Claimant alleges an Extraordinary Claim, provide a clear and concise declaration as to how the Claim satisfies Section 5.4(a) of the TDP.

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Part 8: Foreign Claim (If Claimant alleges the Claim is a Foreign Claim)

8.1 Does the Claimant allege that the Injured Party's Debtor Exposure occurred outside of the United States and its Territories and Possessions and outside the Provinces and Territories of Canada?

___ Yes ___ No

8.2 If yes, provide the following information about the foreign jurisdiction(s) in which the exposure allegedly occurred (attach additional copies as necessary):

Name of the Country: _____

Name of the County, Province, and/or City: _____

Describe how the alleged exposure occurred within the Foreign Jurisdiction:

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Part 9: Individual Review Information (Complete only if the Claimant has elected Individual Review. Exigent Hardship Claims electing Expedited Review must complete part 9.2 below).

9.1 Smoking History (Must be completed if Claim is based on Disease Level VI or VII)

<input type="checkbox"/> the Injured Party had no smoking history			
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Other:	State Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Other:	State Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipes <input type="checkbox"/> Other:	State Date: ____/____/____	End Date: ____/____/____	# of packs, cigars, pipes, etc. per day:

9.2 Economic Loss (Must be completed for Claims seeking lost wages or Exigent Hardship Claims based on lost wages)

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

(a) Identify the Injured Party's employment status:

- Employed full-time
- Employed part-time
- Retired
- Partially disabled
- Fully disabled
- Deceased

(b) If the Injured Party is retired, disabled, or deceased, provide the annual wage and date when the employment ceased:

Date: ____/____/____ Wage: \$_____

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() Identify other sources of income:

- Pension
- Social Security
- Other:

(a) Identify living expenses and other losses:

- Household services
- Medical expenses
- Funeral expenses
- Other:

9.3 Dependents

Provide the following information for the Injured Party's dependents:

Full Name:	Date of Birth:	Relation to Injured Party:	Financially Dependent?
			___ Yes ___ No
			___ Yes ___ No

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Part 10: Certification and Signature

This Claim form must be signed by an attorney, or if not represented by an attorney, the Injured Party or the Injured Party's Personal Representative.

This Claim is certified by (check one):

Attorney

By signing below, the attorney certifies that the attorney is authorized to file this Claim and that the information and materials with respect to this Claim, submitted now or in the future, including any supplemental documentation or information, changes and corrections, are and will be submitted pursuant to and subject to the provisions of Rule 11 of the Federal Rules of Civil Procedure. In addition, the attorney certifies that if this Claim is filed on behalf of the Injured Party and/or the Injured Party's estate, the person filing the Claim is authorized by law to file this Claim on behalf of the Injured Party, the Injured Party's heirs, representatives, successors, assigns, and estate.

Injured Party or Personal Representative

I have reviewed the information submitted on this Claim form and all documents submitted in support of this Claim. I hereby certify, under penalty of perjury, that to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the information submitted is accurate and complete.

Signature of Claimant, Personal Representative, or Claimant's counsel:

Print name: _____ Date: (mm/dd/yyyy) _____

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Checklist of Required Supporting Documentation

Please review your submission to ensure it is complete. For a Claim to be deemed sufficiently complete for review, the Claimant must submit the following supporting documentation:

- Medical records supporting the diagnosis of the claimed Disease Level
- Proof of State Insulation Corporation 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)
- For Claims seeking lost wages or Exigent Hardship Claims based on lost wages:
 - § Documentation supporting the Claim that any and all wage loss incurred by the Injured Party was the result of the Injured Party's asbestos-related disease.
 - § Tax returns and/or W-2 forms for the last three years of employment.
- Other supporting documentation as applicable:
 - § Copy of tolling agreement if applicable under Part 4.2
 - § For Individual Review Claims, any additional information and/or documents you would like the Trust to consider in evaluating the Claim (see TDP Section 5.3(b)(2)).
 - § For a Pre-Petition Liquidated Claim, documentation to show the Claim was liquidated by a binding, judicially enforceable settlement, jury verdict or judgment prior to the Petition Date (Feb. 23, 2011).

In addition, the filing fee must be submitted for the Claim to be deemed filed. No filing fee is required for Pre-Petition Liquidated Claims, as defined in TDP § 5.2.