

# Duro Dyne Asbestos Personal Injury Trust

## Claim Form for Asbestos Personal Injury Claims

### General Instructions for filing this Claim Form:

This Claim Form should be completed by holders of Asbestos Claims seeking to liquidate their claim under the Duro Dyne Asbestos Personal Injury Trust's (the "Trust") Expedited Review ("ER") process as set forth in Section 5.3(a) of the Duro Dyne Asbestos Personal Injury Trust Distribution Procedures (as may be amended from time to time, the "TDP") and by holders of Pre-Petition Liquidated Claims, as defined in the Claim Form Instructions.<sup>1</sup> As used herein, "Debtor(s)" shall mean individually or collectively, Duro Dyne National Corp., Duro Dyne Corporation, Duro Dyne West Corp., Duro Dyne Midwest Corp., and Duro Dyne Machinery Corp.

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 first-in-first-out (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.

### Notice of Filing Fee:

A filing fee of \$50 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. If the claim is approved for payment, the Trust will refund the filing fee in full at the time of payment. The filing fee should be submitted via a check made payable to the Duro Dyne Asbestos Personal Injury Trust.

Section 1: Review of Claim
Please select the type of review: <input type="checkbox"/> Expedited Review (ER) <input type="checkbox"/> Pre-Petition Liquidated Claim
Please check if the following applies to the claim: <input type="checkbox"/> Secondary Exposure <input type="checkbox"/> Approved APG / GVH / Maremont / Sepco Claim (Medical Review)

**If the claimant is a holder of a Pre-Petition Liquidated Claim, as defined in the Claim Form Instructions, the claimant is required to complete only Sections 1 through 4, 7, 10 and 11.**

<sup>1</sup> Capitalized terms used herein and not otherwise defined shall have the meanings assigned to them in the TDP.

Section 2: Injured Party Information					
Last Name		First Name		Middle Name	Suffix
Social Security Number or International ID Number	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary		Date of Death (mm/dd/yyyy) (if deceased)	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 3: Law Firm / Attorney Information

*If represented by counsel, please provide the following information:*

Law Firm Name			EIN
Mailing Address			
City		State	Zip Code
Attorney Last Name	Attorney First Name	Direct Telephone	
Para/Admin Last Name	Para/Admin First Name	Direct Telephone	
E-mail		Facsimile	

### Section 4: Personal Representative (if applicable)

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

**Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law.**

**If no Certificate of Official Capacity or other estate documentation is available, attorney must provide official representative certification by signing below:**

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

Signature of Attorney: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Section 5: Asbestos Related Injury**

Check the box next to the highest disease level the injured party is claiming.

Disease Level		
<input type="checkbox"/> Severe Asbestosis (Level I)	Other Cancer (Level II)  <input type="checkbox"/> Colorectal <input type="checkbox"/> Laryngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Stomach	<input type="checkbox"/> Lung Cancer 2 (Level III)
		<input type="checkbox"/> Lung Cancer 1 (Level IV)
		<input type="checkbox"/> Mesothelioma (Level V)
Date of Diagnosis (mm/dd/yyyy):		

**Section 6: Asbestos Litigation History**

1. Has an asbestos-related lawsuit ever been filed on behalf of the injured party?

Yes  No

If yes, please provide the following information:

1a. Was the Debtor named a defendant?  Yes  No

1b. Lawsuit Filing Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

1c. State: \_\_\_\_\_

1d. Court: \_\_\_\_\_

1e. Case Number: \_\_\_\_\_

1f. Has the injured party ever received money from the Debtor(s) or their insurers regarding this suit?  Yes  No

If yes, amount: \$ \_\_\_\_\_

1g. Did the injured party or the injured party's representative, on behalf of the injured party, sign a release releasing one or more of the Debtors?  Yes  No

If yes, please provide a copy of the release.

2. If the answer to question 1(a) above is Yes, was a final non-appealable judgment entered?  Yes  No

If yes, provide the name(s) of the party(ies) against whom the judgment was entered (or provide a copy of the judgment):

3. If the answer to question 1 or question 1(a) above is No, in which state/jurisdiction would the claim qualify to be evaluated

(State/Jurisdiction) \_\_\_\_\_

Jurisdiction elected is (please check one of the following):

The state/jurisdiction in which the injured party was domiciled at the time of the diagnosis.

The state/jurisdiction in which the injured party was domiciled at the time of filing this claim form.

A state/jurisdiction in which the injured party was exposed to an asbestos-containing product or to conduct for which a Debtor has legal responsibility.

4. Has a claim on behalf of the injured party ever been submitted to a Debtor pursuant to an administrative settlement agreement?  Yes  No

If yes, provide the date of such submission (mm/dd/yyyy): \_\_\_\_\_

5. Was the injured party or claimant a party to a tolling agreement with a Debtor?  Yes  No

If yes, provide the beginning and ending dates, if any, of the tolling and attach documentation of the agreement.

Beginning date (mm/dd/yyyy): \_\_\_\_\_ Ending date (mm/dd/yyyy): \_\_\_\_\_

6. Was the injured party or claimant a holder of a Pre-Petition Liquidated Claim against Duro Dyne which the injured party or claimant has elected to abandon and instead file a claim with the Trust to be liquidated under Section 5.3 of the TDP?

Yes  No

**THIS SECTION SHOULD ONLY BE COMPLETED BY HOLDERS OF A PRE-PETITION LIQUIDATED CLAIM. IF NOT A PRE-PETITION LIQUIDATED CLAIM, SKIP THIS SECTION 7 AND PROCEED TO SECTION 8**

**Section 7: Pre-Petition Liquidated claim**

Describe the nature of the Injured Party's asbestos-related disease:

- Non-Malignant                       Other Cancer  
 Lung Cancer                               Mesothelioma

Diagnosis Date (mm/dd/yyyy)	Date claim was established by verdict, judgment (final or non-final) or settlement agreement (mm/dd/yyyy)
-----------------------------	---

Claim amount as fixed or liquidated under the settlement agreement or pursuant to the jury verdict or judgment: \$ \_\_\_\_\_

**Section 8: Occupational Exposure to Asbestos Products**

*Provide information below for each location at which the injured party alleges exposure to asbestos-containing products and/or conduct for which the Debtor has legal responsibility. If the duration of the injured party's Debtor Exposure is not sufficient to meet the other exposure criteria (Significant Occupational Exposure if required for the Disease Level in question), please provide information regarding other asbestos exposure to satisfy the applicable exposure criteria. List each site, industry, and occupation combination separately. If the occupationally exposed person did not work consecutively at the site, list each time at the site separately or provide an aggregate amount of time at the site for the time period provided. Provide the complete name and location of each individual site. Attach additional copies of this page if more space is required. Meaningful and credible evidence of exposure may be established by documentation including, but not limited to, the following:*

- An affidavit or sworn statement of the injured party
- An affidavit or sworn statement of a co-worker
- An affidavit or sworn statement of a family member in the case of a deceased injured party (provided the Trust finds such evidence reasonably reliable)
- Invoices, employment, construction or similar records
- Interrogatory answers, sworn work history, or deposition testimony by the injured party, a co-worker, or a family member (if the injured party is deceased)

*Note: If the claimant alleges an asbestos-related disease resulting solely or in part from exposure to an occupationally exposed person, such as a family member, Section 8 must be completed for the occupationally exposed person. If the injured party also had direct, occupational exposure to asbestos, Section 8 must also be completed for that exposure.*

**Part 1: Exposure**

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Date Comment (i.e., aggregate amount of time at site)	Occupation
For Medicare reporting purposes, was the injured party exposed on or after December 5, 1980 to asbestos-containing products and/or conduct for which the injured party alleges the Debtors have legal responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site of Exposure (plant or site name)		City	State
Country			
Employer at time exposure occurred			
Industry in which exposure occurred			

Names of all asbestos-containing products to which the injured party was exposed and for which the claimant alleges the Debtors have legal responsibility:
Description of Exposure:
<p>Significant Occupational Exposure. The occupationally exposed person was employed for a cumulative period of at least five years in an industry and occupation in which:</p> <p><input type="checkbox"/> The occupationally exposed person handled raw asbestos fibers on a regular basis</p> <p><input type="checkbox"/> The occupationally exposed person fabricated asbestos-containing products so that the occupationally exposed person in the fabrication process was exposed on a regular basis to raw asbestos fibers</p> <p><input type="checkbox"/> The occupationally exposed person altered, repaired, or otherwise worked with an asbestos-containing product such that the occupationally exposed person was exposed on a regular basis to asbestos fibers</p> <p><input type="checkbox"/> The occupationally exposed person was employed in an industry and occupation such that the occupationally exposed person worked on a regular basis in close proximity to workers engaged in one or more of the above three activities</p>
<p>If the claimant alleges secondary exposure, please enter the name of the occupationally exposed individual to whom the injured party was exposed:</p> <p>Name: _____</p>

**Section 9: Secondary Exposure (required only for Claims based on Secondary Exposure)**

If the injured party's asbestos exposure was based solely on exposure to an occupationally exposed person (OEP), complete Section 8 for the OEP and provide the information below:

OEP's Relationship to Injured Party (e.g., spouse, father, brother, child):		
Date Injured Party's Exposure to OEP Began (mm/dd/yyyy)	Date Injured Party's Exposure to OEP Ended (mm/dd/yyyy)	Social Security Number of OEP
Describe how the injured party was exposed through the OEP to asbestos-containing product and/or conduct for which the claimant alleges the Debtors have legal responsibility:		

**Section 10: Certification and Signature**

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

**If signed by an attorney, by signing below, the attorney certifies 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.**

If signed by the injured party, I (the injured party) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b).

If signed by the injured party's personal representative, I (the personal representative) have reviewed the information submitted on this claim form and all documents submitted in support of this claim. By signing below, I hereby certify, under penalty of perjury, that the information submitted in connection with this claim meets the requirements of Federal Rule of Civil Procedure 11(b).

Signature of Claimant or Claimant's Attorney	Date (mm/dd/yyyy)
Print Name Here	
Signatory's Relationship to Injured Party	

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

Duro Dyne Asbestos Personal Injury Trust  
c/o MFR Claims Processing, Inc.  
115 Pheasant Run  
Suite 218  
Newtown, PA 18940  
Phone: (215) 702-8033  
Email: [durodyneinquiries@mfrclaims.com](mailto:durodyneinquiries@mfrclaims.com)

## Section 11: Checklist of Supporting Documentation

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

*For all claimants as set forth in the filing instructions and required by the TDP:*

- Medical records supporting the diagnosis of the claimed Disease Level (see filing instructions for requirements).
- Proof of Debtor Exposure and Significant Occupational Exposure, if applicable.

*Other supporting documentation, as applicable:*

- Certificate of Official Capacity or other estate documentation must be enclosed if applicable pursuant to state law. If such documentation is not available, the Law Firm/Attorney's Representatives Affirming Official Representative's Authority must be provided.
- Copy of tolling agreement (if applicable under Section 6).
- Copy of release of the Debtor(s) (if applicable under Section 6).

*For deceased injured parties:*

- Death certificate.